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Perceived Mentoring Practices in Developmental-Behavioral Pediatrics Fellowship Programs

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Abstract

Objective—Junior physicians describe mentoring relationships as integral to their career development and success. Current evidence suggests that mentoring is under-utilized despite interest from trainees. The purpose of this study is to describe the mentoring practices in developmental-behavioral pediatric (DBP) fellowship programs and identify mentoring needs of DBP fellows and recent graduates.

Methods—Developmental-behavioral pediatric fellows and recent graduates less than 5 years out of training from a US-based DBP fellowship program were contacted through their program directors to complete a survey on their mentoring experiences in fellowship and early career.

Results—A total of 90 respondents completed the entire survey including 47 current DBP fellows and 43 recent graduates. Only 52% of respondents reported having a formal faculty mentor

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during their fellowship. Only 45% of recent graduates reported that they currently have a mentor, of those without a current mentor 83% said they would like to have a mentor. Adequate mentoring during fellowship was lowest for career development and research (34% and 27%). Satisfaction with mentoring was associated with having a formal mentor ($p<0.001$) and receiving mentoring in multiple areas ($p<0.001$). Qualitative responses suggested that effective mentoring addresses the mentee's career goals, provides insight into being a developmental-behavioral pediatrician, navigating academics and involves a personal relationship.

Conclusion—Results suggest an opportunity for improved mentoring in DBP fellowship programs, particularly in the areas of career development and research and that there is a significant need for mentorship among recent graduates. Findings from this study can inform program improvement in mentoring for DBP fellows and recent graduates.

INTRODUCTION

Mentoring is most frequently defined as the process by which an experienced person guides another, often younger, individual in their professional and personal development.¹ Characteristics of a good mentor can be varied and may include being supportive, knowledgeable, competent, honest and committed. A mentor should also be motivating, accessible, and encouraging of professional growth.² Mentorship in academic medicine offers a unique opportunity for professional development by providing a mentee with advice, skills, knowledge and support from an experienced person.^{2,3} Previous studies indicate that junior physicians report mentorship to be beneficial and describe mentoring relationships as integral to career development and success.⁴ Specifically, mentorship has been noted to promote scholarly activity and opportunities for collaboration and increase workplace satisfaction.^{4,5} Beyond this, it provides a venue to address issues that arise from the unique demands of medicine, such as balancing the demands of work and home, balancing clinical responsibilities with academic aspirations, and flexibility in the workplace.

Mentoring typically requires few resources and brings benefit to both the mentor and the mentee, however, its continues to be under-utilized in medicine.^{4,6,7} Previous literature has identified barriers that limit the individuals and groups who have access to mentoring and the overall success of mentoring. Sambunjak *et al* described these barriers as personal, relationship, and structural.⁸ Personal barriers include poor mentoring skills from the mentor and mentee anxiety regarding mentoring sessions. Relational barriers include poor fit between the mentor and mentee and authoritative mentoring.⁸ Structural concerns include time constraints and poor access to appropriate faculty for mentoring.⁸ Other examples of barriers include academic and administrative demands outside of mentoring, conflicts of interest in the mentor-mentee relationship, limited training in being a mentor, and junior physicians' desire to function independently.^{8,4} In addition to these noted barriers, one-sided mentoring relationships can be very challenging. Reciprocity in mentoring allows for a more rewarding experience for both parties. In addition, bidirectional mentoring relationships can be more sustainable when individuals find that their time is being valued and that there are benefits to the relationship for both the mentor and mentee.⁹

Pediatric-specific organizations including the Academic Pediatric Association (APA) and American-Academy of Pediatrics (AAP) as well as subspecialty pediatric organizations like the Society of Developmental-Behavioral Pediatrics (SDBP) have developed mentoring programs to address this need in pediatrics, however there is limited information on the current status of mentorship in pediatric subspecialty training.^{10,11} Previous studies evaluating the mentoring needs in subspecialty pediatrics suggest a strong need for mentorship for recent fellowship graduates¹². Although there have been studies of research mentoring in developmental-behavioral pediatric training, this is the first to look more broadly at mentoring practices. This study aims to describe the current mentoring practices in developmental-behavioral pediatric (DBP) fellowship programs as well as the mentoring needs of DBP fellows and recent graduates.

METHODS

Sample

Developmental-behavioral pediatric (DBP) fellows and recent graduates who were less than 5 years out of training from a DBP fellowship program based in the United States were contacted through their program directors from January 2015 to April 2015 to complete an online survey on REDCap.¹³ REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies.¹³ Information about the survey was also disseminated online through the SDBP Discussion Board. A reminder was e-mailed to program directors and a posted to the discussion board 8 weeks into the survey period which included information about when the survey would be closing. This study was approved by the Institutional Review Board of University Hospitals.

Questionnaire

The investigators developed a 40-item survey tool, which was composed of closed and open-ended questions assessing the respondent's mentoring experiences in their DBP fellowship training and early career. The survey tool was field tested on two DBP fellows and one new faculty member at two different institutions prior to dissemination. These participants were not excluded from completing the final survey, although none of the authors participated in the survey. The survey required approximately 5–10 minutes to complete and was written at approximately a 10th grade reading level, although it should be noted that repeated use of the term “developmental-behavioral pediatrics” significantly increased the reading level and respondents were expected to be familiar with this terminology. The survey utilized branching logic so that respondents did not have to answer questions that did not apply to them, for example if they said they did not have a formal mentor they were not asked further questions about the characteristics of this mentor. The full text of the survey is available in the supplement.

The questionnaire included items pertaining to the respondents' demographics, presence of a formal or informal mentor, frequency of meetings with their mentor and areas in which they received mentorship including: clinical, research, career planning, education and personal. In this survey a formal mentor was defined as someone with whom the respondent (fellow or recent graduate) was officially paired (whether by choice or assignment) for the duration of

fellowship to advise them in clinical, research and/or career development, while an informal mentor was defined as someone with whom the respondent was not required to meet with, who provided guidance in various areas of his or her career. The total number of mentoring areas received by each respondent were then categorized into three ranges, namely: 1.) no mentoring, 2.) 1–3 mentoring areas, and 3.) 4–5 mentoring areas. Potential areas for mentoring were provided in list form with the instruction to “check all that apply” and included clinical, research, career planning, personal and other. Satisfaction with mentoring in fellowship training was rated on a 5-point Likert scale and the data was combined to create two nominal categories: 1.) Satisfied (extremely satisfied and very satisfied) and 2.) Not Satisfied (not at all satisfied, slightly satisfied and moderately satisfied).

Statistical Analysis for Quantitative Data

Demographics and training characteristics were summarized descriptively and compared between the two satisfaction categories using the χ^2 test to determine which factors were associated with mentoring satisfaction. Since only one factor was identified as associated with mentoring satisfaction, no multivariate analysis was performed. Data on the number of mentoring areas and satisfaction level were not normally distributed, thus both numerical and categorical forms were used in the analyses. Associations between number of mentoring areas and satisfaction level were determined using the Spearman correlation coefficient. Association between the three categorical ranges of mentoring areas and dichotomized satisfaction levels were evaluated with the Cochran-Armitage trend test. All data were analyzed using SAS version 9.3 (SAS Inc, NC). Two-sided p values are presented, with $p < 0.05$ considered as statistically significant.

Qualitative Analysis

Open-ended questions addressed what participants gained and wished they had gained from mentoring relationships during their fellowship training and were placed at the beginning of the survey to minimize bias from other questions. The open response section was analyzed qualitatively using a primarily phenomenological approach. Phenomenology attempts to identify the “essence” of a common experience by analyzing data from a group of individuals who have experienced the phenomenon of interest—in this case mentoring¹⁴. Researchers completed reflexivity exercises prior to data interpretation to identify potential biases that may impact the analysis¹⁵. All respondents who entered any information in either open response question were included in the qualitative analysis (n=92). Codes were developed from the responses to the open-ended questions using consensus coding and codes were organized into themes based on the similarity of ideas within code groupings by three of the researchers; two current fellows (CR and KM) and a new faculty physician(ED). Responses to what fellows and early career developmental-behavioral pediatricians were initially coded separately and then data was combined to generate themes. The coding scheme and themes were then reviewed with other members of the research team (SK and NR). Significant statements were identified from the text and used as a basis to create the categories into which the themes were arranged in order to describe the key components of mentoring experiences.

RESULTS

At the time of the survey there were approximately 280 current fellows and new attending physicians in DBP field¹⁶ who were eligible for the survey and 137 responded to at least one survey questionnaire (49% response rate). A total of 90 respondents including 47 current fellows and 43 recent graduates completed the entire survey (32% response rate), and were included in the quantitative analysis. Table 1 summarized their demographics and fellowship training characteristics. Overall 52% of respondents reported having a formal faculty mentor in their DBP fellowship training, the majority of respondents were female (84%), from programs with 3 or less fellows (59%) and 4 or more attending physicians (89%). Among those who had a formal faculty mentor, 32% reported they met weekly with their mentor, while 34% met monthly and 28% met quarterly. Among recent fellowship graduates, 55% reported that they do not currently have a mentor, although the majority of those without a current mentor expressed that they would like to have a mentor at this time in their career (83%) (data not shown).

Factors Associated with Satisfaction with Mentorship

The presence of a formal mentor was associated with satisfaction with mentorship in fellowship ($p<0.001$; Table 2), 69% in satisfied and 33% in not satisfied groups had a formal mentor. None of the other respondent characteristics, specifically the respondent's gender, training level, total number of DBP fellows and faculty in the program and the presence of an informal mentor, were associated with satisfaction with mentoring in DBP fellowship (all $p>0.05$).

Respondents reported receiving mentorship from a formal mentor in the following areas: clinical 87%, research 81%, career planning 75%, education 57%, and personal 51%. The level of satisfaction was positively associated with number of area received from a formal mentor (Spearman $r=0.46$; $p<0.001$). The majority of respondents who were mentored in 4–5 areas by a formal mentor were satisfied with the overall mentoring they received in their fellowship training (87%). In comparison, 41% of respondents who were mentored in only 1–3 areas reported that they were satisfied with their fellowship mentoring experience overall, and 35% of respondents who received no mentoring from a formal mentor were satisfied with their fellowship mentoring experience overall (p for trend $<.001$; Figure 1).

Qualitative Results

Fifteen codes emerged from the open-ended responses. Four main categories emerged from the combined data as core characteristics of effective mentoring: 1.) Career, 2.) Being a Developmental-Behavioral Pediatrician, 3.) Academics and 4.) Personal. These areas are described in detail in the following paragraphs with associated themes and supporting quotations provided in Table 3.

“Career” mentoring included not only guidance on short and long term career trajectory, but also introducing the mentee to other mentors and collaborators that fit their clinical and/or research interests. Respondents also noted that navigating the challenges of the many demands for their time both at work and home was an important part of the mentoring

experience. Guidance in managing work life balance and how to decide where to focus efforts while at work were often cited as needed supports from a mentor.

“Being a Developmental-Behavioral Pediatrician” describes the process of understanding what the role of a developmental-behavioral pediatrician means in the clinic, within one’s own institution and as a cohesive specialty. Many responses described the unique skills required for patient care requiring the development of skills in interviewing, developmental testing, and using medications that are not part of general pediatrics training. Several respondents commented on the importance understanding the role of a DBP in the community; as one recent graduate observed “understanding my role as a DBP within a community of providers to children with developmental disabilities” was a key insight gained from a mentor. Several respondents commented specifically that they felt they would have benefitted from additional guidance on the potential roles of developmental-behavioral pediatricians in academic medicine. Others reflected on the essence of developmental-behavioral pediatrics—expressing the desire to better understand the trajectory of the specialty.

“Academics” include the intersecting worlds of research, the academic work environment and medical education. Many fellows discussed the importance of the right kind of support in the planning and execution of the various steps required to complete fellowship research. Both fellows and early career physicians commented on some of the particular roles they were called on to play in their institutions and that advice in navigating the unique demands of this environment was an important part of their mentoring experiences. Respondents wished to have thoughtful and unbiased feedback on their developing skills, knowledge base and academic projects.

“Personal” mentoring encompassed a broad range of qualities including mentoring that was individual, built a relationship and provided a measure of confidence to the mentee. Respondents commented that structure including regular, sometimes prescribed meetings were required for the development of a mentoring relationship. This personal mentoring relationship also provided a venue for providing the mentee with perspective and constructive criticism on their endeavors and goals.

DISCUSSION

This study highlights the important role that mentorship plays in the education and development of young physicians and the particular need for that mentorship when starting out in the attending physician role. The quantitative and qualitative findings support the importance of well-rounded mentorship that encompasses multiple areas of medical practice and how the mentee’s career needs fit with the demands of their personal life. The quantitative and qualitative data also support the importance of a formal mentor and some pre-defined structure in the relationship as important to the satisfaction of the mentee. One particularly notable finding is the importance of understanding the role or potential roles of a developmental-behavioral pediatrician, particularly as developmental-behavioral pediatrics is a relatively new specialty which is still determining its identity¹⁷. This study demonstrated four important topics for successful mentoring. *Career* mentoring encompasses more than

just work related pursuits. *Being a Developmental-Behavioral Pediatrician* is a unique profession within medicine requiring specific skills which may not be provided in other areas of medical training. *Academic* pursuits including medical education and research require their own skill set and knowledge of how institutions and funding streams work. Mentoring must also be *Personal* in that a relationship develops between the mentor and the mentee, which often requires prescribed structure at the outset but ultimately allows for a venue in which the mentor can provide perspective and constructive criticism to the mentee.

The findings of the present study share many similarities with articles from other medical disciplines that have explored mentorship experiences. Similar to the findings in this study, Straus and colleagues, Nick and colleagues and the AMIGO study of recent graduates in pediatric rheumatology have described the importance of mentorship for recent graduates and new faculty.^{12,18} Straus et al explored the characteristics of successful and failed mentoring relationships and identified some common features of successful mentorship many of which are similar to the characteristics of mentorship described in the qualitative results of the present study.⁹ These features include structure for the mentor-mentee relationship, specifically time to meet and accessibility of the mentor as well as the mentor's appreciation of the mentee's personal goals and that the prioritization of the mentee's goals, rather than those of the mentor. These findings are similar to those identified under the career and personal mentoring themes in that structure is important in fostering mentoring relationships at the outset to allow for the development of a meaningful mentoring relationship (Personal) and that the mentor should provide mentoring that takes into account the mentee's goals across multiple aspects of their life and not just the mentor's vision for the mentee's future career (Career). Nick et al in a qualitative study of new nursing faculty identify 4 key tasks of mentoring relationships, several of which are analogous to the qualitative findings in this study: 1.) orientation to the faculty role (Insight into Being a DBP), 2.) socialization to academics (Academics), 3.) development of skills and 4.) facilitation of the growth of future leaders (Career).¹⁸ In a study of research mentoring, developmental-behavioral pediatric program directors identified similar barriers as identified in the present study specifically challenges in balancing clinical and research time, limited faculty research activities or expertise, and a lack of infrastructure.¹⁹

Previous work on mentorship identified different specific characteristics of mentoring than those described in the present study. Straus and colleagues described above identified characteristics of success or failure in mentoring relationships which the present study did not identify specifically.⁹ They described reciprocity, respect, clear expectations, and shared values as key characteristics for success. They described poor communication, lack of commitment, personality differences, perceived competition, conflicts of interest and lack of mentor experience as contributors to failed mentoring relationships.⁹ The present study was not designed to identify specific indicators success or failure, but rather trainee perceptions. Given the limited qualitative responses only broad ideas about the need for acknowledgement of the mentee's goals and the structure to allow for development of a personal relationship in which the mentor has an understanding of the mentee and can provide direction and feedback were identified. The AMIGO study, which used interviews to identify the mentoring needs of early career pediatric rheumatology faculty identified the need for career guidance early in fellowship, interest in mentor perspectives from a different

institution and support for outside mentorship program by the leadership.¹² While somewhat similar, the findings of the present study have a slightly different focus, specifically mentoring experiences during fellowship, rather than afterwards and suggest that many fellows in developmental-behavioral pediatrics have positive mentoring experiences rather than the generally inadequate mentoring experience described in the themes from the AMIGO study.

The present study has several limitations including a relatively small sample size and lack of survey completion by all participants both of which limit power and the ability to correlate specific characteristics with positive or negative mentoring perceptions. The limited response rate also presents potential response bias and limits the generalizability of the findings in that those who responded may have inherently different views or characteristics than those who did not. As a self-report measure the survey results may also have been influenced by social desirability bias, in that respondents may have reported what they thought was most socially acceptable rather than their true opinions and experiences. The survey provides only a snapshot of perceptions and does not correlate perceptions or experiences with tangible outcomes over time. In addition, the survey used here was created by the investigators and was not validated, only field-tested. Open-ended questions in a survey provide some insights into mentoring experiences, but do not provide the in-depth understanding of mentoring that would have been provided by other qualitative methods such as interviews, which would have provided the opportunity to clarify and explore the meaning of specific mentoring experiences. In addition to the above limitations, the survey results are likely to have been affected by recall bias, particularly for those who are several years out from fellowship.

Future studies of mentoring in academic medicine and in developmental-behavioral pediatrics specifically would benefit from more in-depth qualitative analysis of both the mentee and mentor perspectives. It may also be beneficial to correlate the mentor and mentee perspectives with direct observations of mentoring sessions to better understand the differences in mentor and mentee perceptions of these interactions. Ultimately the role and benefits of mentoring may be best understood by using some of these qualitative methodologies and subsequently following the evolution of mentoring relationships over many years to better understand the impact and evolution of mentoring over the course of the mentee's career.

CONCLUSION

As developmental-behavioral pediatrics continues to define its identity as a field and its future within pediatrics¹⁷ it is vital to ensure that its newest members receive the mentorship they need to continue to move the field forward. From both the quantitative and qualitative results, structure within the mentorship relationship is associated with improved outcomes and provision of structure is a simple intervention which may have substantial impact. Currently, the Society for Developmental-Behavioral Pediatrics (SDBP) provides a mentor match for trainees, but perhaps the group most in need of this program are recent graduates. Knowing that mentees require well-rounded mentorship, perhaps SDBP could develop a mentorship tool which guides discussions between mentors and mentees to help ensure that

career, academic and personal goals are met while providing insight into the unique role of developmental-behavioral pediatricians within medicine. Young faculty have previously been described as an important asset of an institution.²⁰ This study suggests that fellows and new developmental-behavioral pediatricians desire the structure in which to develop a personal relationship with a mentor as they begin their careers to provide them with insight about prioritizing their career goals, navigating the academic environment and furthering the unique field of developmental behavioral pediatrics.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Figure 1.
Association of Number of Areas Covered with Formal Mentor and Overall Satisfaction with Mentorship

Table 1**Respondent Characteristics**

Characteristics	No. (%)
<u>All respondents (N=90)</u>	
Gender, <i>n</i> (%)	
Female	76 (84.4)
Male	14 (15.6)
Training Level, <i>n</i> (%)	
Early Career DBP Attending	43 (47.8)
DBP Fellow	47 (52.2)
Total Fellows in Fellowship Program, <i>n</i> (%)	
1–3	53 (58.9)
4–6	31 (34.4)
7	6 (6.7)
Total DBP Faculty in Fellowship Program, <i>n</i> (%)	
1–3	10 (11.1)
4–6	38 (42.2)
7	42 (46.7)
Presence of a Formal Mentor, <i>n</i> (%)	47 (52.2)
Presence of an Informal Mentor, <i>n</i> (%)	85 (95.5)
Participation in Mentoring Programs Outside of Institution, <i>n</i> (%)	33 (36.7)
<u>Among respondents who had a formal mentor (N=47, 52.2%)</u>	
Selection of Formal Mentor	
Mentor was assigned	24 (51.1)
Trainee selected mentor	23 (48.9)
Frequency of Meetings with Formal Mentor	
Weekly	15 (31.9)
Monthly	16 (34.0)
Quarterly	13 (27.7)
Twice a Year	2 (4.3)
Yearly	1 (2.1)

Table 2

Factors Associated with Mentorship Satisfaction

Respondent Characteristics	Satisfied with Mentorship (n=48)	Not Satisfied with Mentorship (n=42)	p-value
Gender, <i>n</i> (%)			.37
Female	39 (81.3)	37 (88.1)	
Male	9 (18.7)	5 (11.9)	
Training Level, <i>n</i> (%)			.38
Early Career DBP Attending	25 (52.1)	18 (42.9)	
DBP Fellow	23 (47.9)	24 (57.1)	
Total Fellows in Program, <i>n</i> (%)			.75
1–3	27 (56.3)	26 (61.9)	
4–6	17 (35.4)	14 (33.3)	
7	4 (8.3)	2 (4.8)	
Total DBP Faculty in Program, <i>n</i> (%)			.35
1–3	6 (12.5)	4 (9.5)	
4–6	23 (47.9)	15 (35.7)	
7	19 (39.6)	23 (54.8)	
Presence of a Formal Mentor, <i>n</i> (%)	33 (68.8)	14 (33.3)	<.001
Presence of an Informal Mentor, <i>n</i> (%)	46 (97.9)	39 (92.9)	.34

Table 3**Key Features of Mentoring (Themes) and Illustrative Quotes**

Career (Career/Work-life/Time Management/Networking)

- Help with discerning job opportunities within framework of personal future goals.
- Someone to help guide me in figuring out what to say “yes” to and what to say “no” to.

Being a Developmental Behavioral Pediatrician (Clinical, Insight in to DBP)

- Nuances in patient interaction which is very unique to developmental Behavioral pediatrics.
- How to assess patients when you are not part of a huge multidisciplinary team.

Academic (Academic/Education/ Research)

- Understanding of academic medicine and the potential roles of DBPs in a pediatric department.
- More guidance on manageable research project, consistent advice/guidance on how to approach a specific problem.

Personal (Individual/Relationship/Confidence/Perspective/Structure/Constructive)

- Mentors are different in each aspect of my career. There are mentors who are good with job advise [advice], mentors good with research mostly outside DBP, then there are peer mentors who are good for personal advise/office/patient dynamics.
 - Someone who can offer perspective and support. “I’ve been there. I’ve juggled that” and share their own experience in a way that nurtures and provides encouragement while still pushing me to reach my full potential.
-