Experiences of Sponsorship, Coaching, and Mentorship Among Women and Underrepresented Chairs

Morhaf Al Achkar, Tyler Rogers, Amanda Weidner, Dean Seehusen, and Jeannette South-Paul

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Objectives

1. Articulate the differences between sponsoring, coaching, and mentoring

2. Describe themes from the experiences of women and BIPOC chairs with sponsorship, coaching, and mentorship

3. Highlight strategies related to sponsorship, coaching, and mentorship that can be applied to academic departments to better support women and BIPOC faculty and leaders

Background:

Sponsoring, Coaching, Mentoring (SCM)

Table 1: Three Tools for Developing Junior Faculty in Academic Medicine: Coaching, Mentoring, and Sponsoring

	Coaching	Mentoring	Sponsoring
Goal	Skill improvement	Career guidance	Career advancement
Time frame	Periodic	Longitudinal	Episodic
Method	Focused instruction	Broad-based dialogue	Specific advocacy

Each tool has a unique typical purpose, time frame, and methodology.

Seehusen DA, Rogers TS, Al Achkar M, Chang T. Coaching, Mentoring, and Sponsoring as Career Development Tools. Fam Med. 2021;53(3):175-180. https://doi.org/10.22454/FamMed.2021.341047.

Prior Survey of FM Chairs

- Most chairs affirmed that mentoring played a significant role in their career development

- Few reported coaching or sponsoring having a significant influence in their careers

- Historically mentoring has dominated the literature

- Chairs usually provide direction and guidance (elements of coaching) on a day-to-day basis more often than they provide continued career advice (i.e., mentoring), leaving that task to senior faculty in their institutions.

Prior Survey of FM Chairs

- Coaching has become more visible and relevant in recent decades

- Sponsoring has become more visible in the medical literature only in recent years

Baker EL, Hengelbrok H, et al. J Publ Health Manag Pract 2021

Hilsabeck RC. Clin Neuropsychol 2018

Seehusen DA, Rogers TS, Al Achkar M, et al. Fam Med 2021

Lovell B. Med Educ 2018

Family Medicine Leaders

About 160 Chairs with fairly limited diversity

In 2020,
30% women
3% Latinx
13% Black
9% Asian
21% first generation college student

Table 1. Summary Demographics for Leaders in Academic Family Medicine Across the 4 CAFM Organizations, as of Fall 2020 (9/30/20 for ADFM, NAPCRG, STFM; 10/2/2020 for AFMRD)

	Dept Chairs (n = 161) ADFM No. (%)	Program Directors (n = 593) AFMRD No. (%)	Associate Program Directors (n = 304) AFMRD No. (%)	Medical Student Education Directors (n = 193) STFM No. (%)	Research Leaders[a] (n = 307) NAPCRG No. (%)
Education/training/degrees					
MD/DO or equivalent	152 (94)	576 (97)	282 (93)	181 (94)	140 (46)
PhD	0 (0)	0 (0)	0 (0)	2 (1)	91 (30)
MD/DO and PhD	6 (4)	4 (1)	3 (1)	1 (0.5)	38 (12)
Other degree	1 (1)	0 (0)	0 (0)	4 (2)	18 (6)
No response	2 (1)	13 (2)	19 (6)	5 (3)	20 (7)
Gender					
Female	48 (30)	246 (42)	175 (56)	118 (61)	142 (46)
Male	108 (67)	325 (55)	114 (38)	74 (38)	162 (53)
Other	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Choose not to disclose	0 (0)	3 (0.5)	3 (1)	0 (0)	3 (1)
No response	5 (3)	19 (3)	12 (4)	1 (0.5)	0 (0)
Age					
≤30	0 (0)	0 (0)	0 (0)	1 (0.5)	0 (0)
31-40	3 (2)	72 (12)	124 (41)	59 (31)	13 (4)
41-50	30 (19)	222 (37)	82 (27)	56 (29)	50 (16)
51-60	59 (37)	151 (25)	37 (12)	49 (25)	98 (32)
61-70	58 (37)	88 (15)	24 (8)	21 (11)	104 (34)
>70	5 (3)	7 (1)	0 (0)	2 (1)	28 (9)
No response or nonsensical response	6 (4)	53 (9)	37 (12)	5 (3)	14 (5)
Ethnicity					
Not Hispanic or Latino	119 (74)	470 (79)	247 (81)	158 (82)	235 (77)
Hispanic or Latino	5 (3)	30 (5)	17 (6)	10 (5)	7 (2)
Choose not to disclose	n/a	49 (8)	19 (6)	n/a	n/a
No response	37 (23)	44 (7)	21 (7)	25 (13)	65 (21)
Race					
American Indian or Alaska Native	1 (1)	4 (1)	2 (1)	1 (0.5)	1 (<1)
Asian	9 (9)	40 (7)	34 (11)	23 (12)	19 (6)
Black or African American	20 (13)	30 (5)	9 (3)	12 (6)	6 (2)
Native Hawaiian/other Pacific Islander	0 (0)	3 (0.5)	0 (0)	1 (0.5)	0 (0)
White	116 (72)	422 (71)	221 (73)	146 (76)	244 (79)
Choose not to disclose	8 (5)	50 (8)	17 (6)	9 (5)	25 (8)
No response	7 (4)	44 (7)	21 (7)	1 (0.5)	12 (4)
Family college history					
One or both of my parents (or whoever raised me) graduated from college	78 (49)	385 (65)	188 (62)	111 (58)	116 (38)
Neither of my parents (or whoever raised me) graduated from college	33 (21)	132 (22)	75 (25)	44 (23)	52 (17)
Choose not to disclose	10 (6)	32 (5)	20 (7)	10 (5)	31 (10)
No response	40 (25)	44 (7)	21 (7)	28 (15)	108 (35)

Family Medicine Leaders

- Prompted creation of a Council of Academic Family Medicine (CAFM) task force co-led by JESP and Kristen Goodell to examine leadership pathways

- Task force met (8/2016 – 12/2017) with members from each of the CAFM organizations representing diversity of race, gender, and academic position.

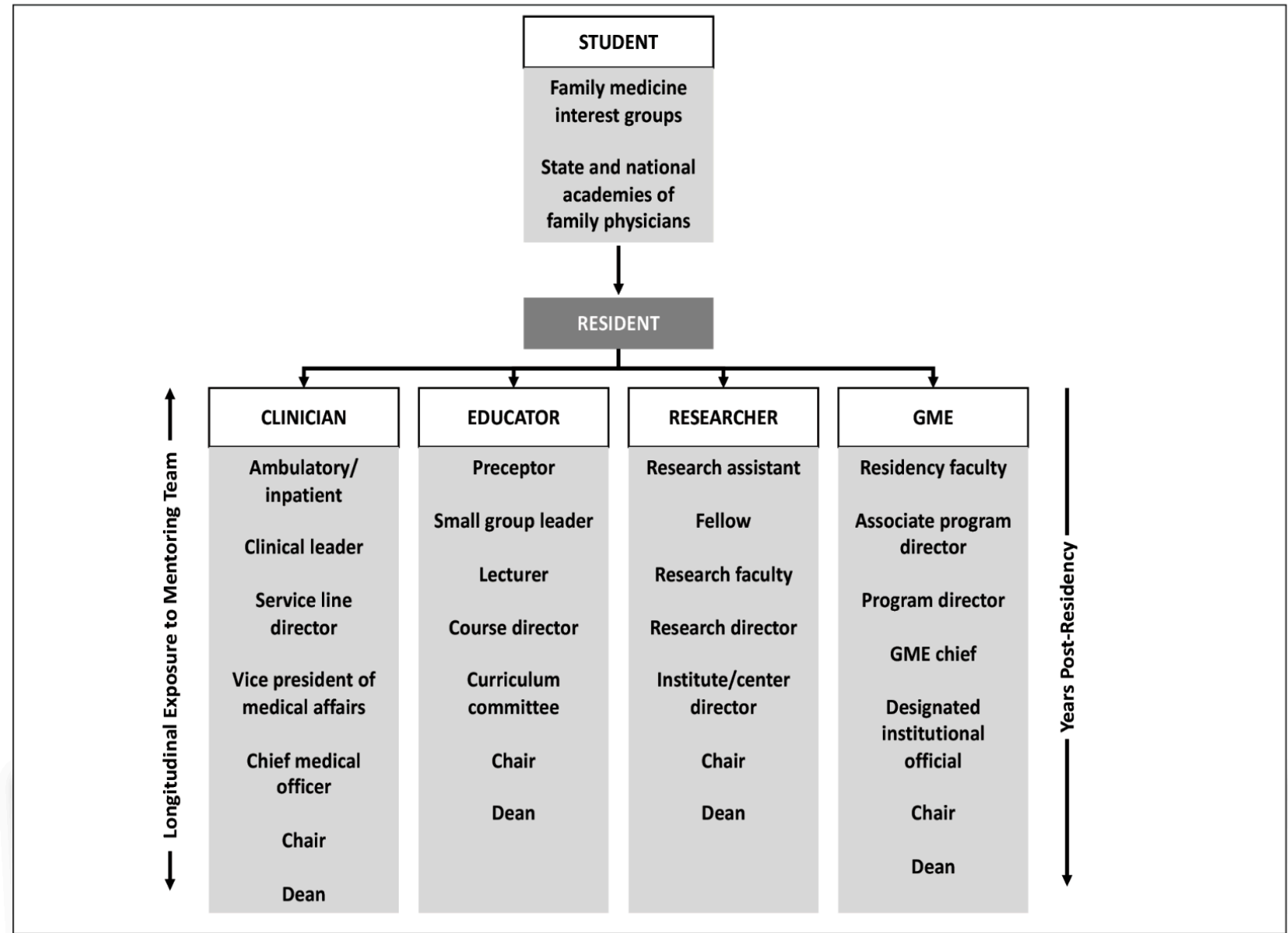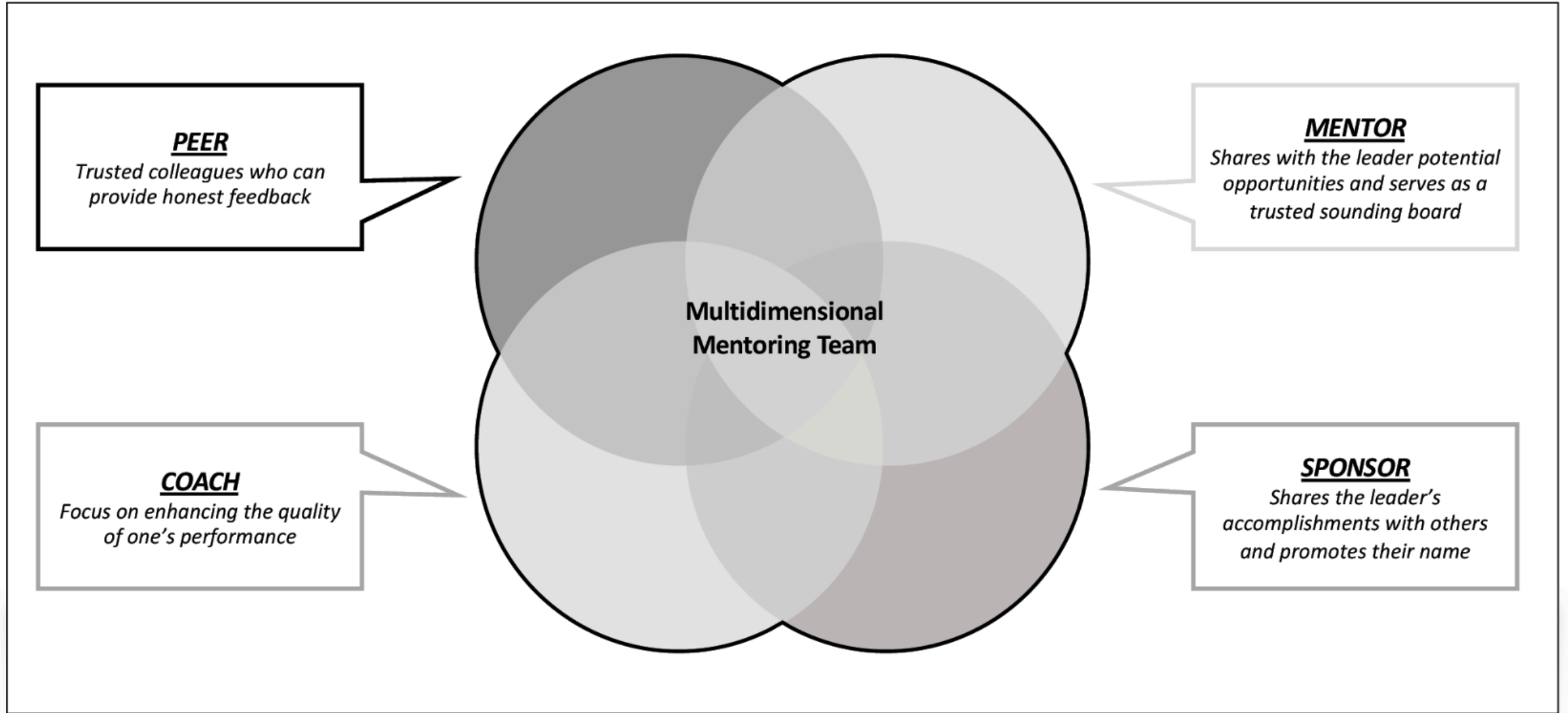Figure 1: Pathways Into Academic Family Medicine and Positions Within Each of the Four Identified Domains

Figure 3: Elements of a Multidimensional Mentoring Team

PEER
Trusted colleagues who can provide honest feedback

MENTOR
Shares with the leader potential opportunities and serves as a trusted sounding board

Multidimensional Mentoring Team

COACH
Focus on enhancing the quality of one's performance

SPONSOR
Shares the leader's accomplishments with others and promotes their name

Sponsorship, coaching, and mentorship (SCM)

- All integral to supporting and growing our careers and those of our faculty.

- Experiences of SCM among family medicine department chairs differ when working with groups historically underrepresented in academic medicine leadership (women and BIPOC) based on findings from a recent set of interviews.

- Chairs who actively explore these findings can identify and implement actionable ways to better support underrepresented peers and faculty through SCM.

Our Study

Initial Study Goals

- To explore the pragmatics of sponsoring, coaching, and mentoring (SCM) for faculty development by clarifying the functions embedded in these roles

- To ensure that department chairs can intentionally provide those functions and/or play those roles for the benefit of all their faculty.

Methods

- Semi-structured qualitative interviews between December 2020 and May 2021

- Purposeful sampling to recruit a diverse national sample of family medicine department chairs (N=20)

- Chairs' responses re: experiences receiving and providing sponsoring, coaching, and mentoring.

- All interviews audio-recorded and transcribed, and

- Interviews were coded for content and themes were developed iteratively.

Participants identified seven main actions a sponsor performs.

1. Identifying opportunities
2. Recognizing an individual's strengths
3. Encouraging opportunity-seeking
4. Offering tangible support
5. Optimizing candidacy
6. Nominating as a candidate
7. Promising support

"I thought she had a skill set that was really valuable to the institution but she technically did not meet the qualifications. So I said to her, 'Why would not you to apply anyway? And what I am going to do is write to the associate Dean recruiting this position and explain to them that why I think you bring some unique qualifications that would be a real strength to the institution in this position. And that I strongly encouraged her to apply because I did not want [them to think] she did not read the basic qualifications.'" (103)

"He asked me for more [names] but I only gave him one. There were some other people who wanted to do it that I knew but I did not think that there was really anybody who do it as well as she would do it and she has actually done a great job so far." (106)

Participants identified seven main actions a coach performs.

1. Explaining
2. Advising
3. Giving resources
4. Performing critical appraisals
5. Giving feedback
6. Discussing
7. Scaffolding

"So basically, what I told him is that 'You need to go to the bylaws... and then use that as a tool to accomplish what you want.' ...when he did go to the bylaws, he found that there was a pretty clear pathway as to what you need to do to get promoted... and I just had to coach him through some of the steps." (105)

"So here is the feedback that I have for you about watching your interaction with the chair. This is why I think he is hearing you wrong even though I know what you were going with... I feel like she heard that feedback, but then she took it on her own and did what she needed to do." (114)

Participants identified seven main actions a mentor performs.

1. Checking in
2. Listening
3. Sharing wisdom
4. Directing
5. Supporting
6. Collaborating

"And even if I was pretty sure I knew what I wanted to do in a given situation, I will go get perspective from one of those folks just to hear their take on it. Occasionally, I'd be surprised and get a completely 180 opinion from what I thought I wanted to do and that is always eye-opening. But even when they were in agreement with me, sometimes… if I wanted to take a right turn and they agreed with the right turn but for completely different reasons that was educational for me." (115)

"When Dr. [name] came, he was just the same way, warm, supportive, and open-door. I do not know that we had any kind of scheduled time. But anytime I had a problem or concern or whatever, he was always available to me." (113)

Lessons from this study

- Distinction between SCM for faculty development
- Influence of department chairs on shaping the future workforce
- Need for department chairs to build scheduled time and spaces with faculty to complete the SCM elements

Next Round of Analysis:

Experiences; Support Strategies; Coping Strategies

Experiences

- Not supportive space, no inclusion
- Not feeling seen, no recognition of efforts
- Experiencing violence/aggression
- Pressure to leave or feeling stunted
- Minority tax, taking added burden, mentoring same color/ gender, being sought out
- Building spaces for resiliency and anti-racist work

Next Round of Analysis

Support

- Provide mentors of variety of ranges, within and outside

- Provide opportunities & put people in leadership roles based on their potential

- Be self-aware

- Discuss minority tax (support saying no)

- Create space to speak openly

- Improve diversity (launch initiatives to recruit URM)

- Create policy

- Advocate for the less powerful, be mindful of power differential

- Use your lens to identify people with experience

Coping

- Get authentic support (meet regularly with leadership, etc.)

- Group/peer mentoring, find allies, connect with people outside

- Ask for opportunities

- Speak up

- Apply for positions

- Recognize how you're perceived

- Don't underestimate your potentials

- Call out racism/bias

With this in mind...

DISCUSSION TIME!

Does this resonate?

What do you see as barriers to effective SCM in FM Departments?

- Economic/productivity demands on the department
- Balancing multiple priorities
- How do these findings apply to the larger group of faculty? Differences among groups?

What can you take from this to better support your faculty and colleagues and learners?

Would having additional tools be helpful? Additional resources?

Other thoughts, questions, comments?