Mentorship for clinical academic psychiatrists: a qualitative study of a pilot program

Mandy Esliger, MMed
Abraham Rudnick, MD, PhD

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Introduction: Effective mentorship influences academic success, improves job and life satisfaction, and boosts faculty retention, productivity, and confidence. However, literature on mentorship for early career psychiatrists and how to effectively implement mentorship programs in academic medicine is limited. To better understand this subject, Dalhousie University's Department of Psychiatry implemented and evaluated a pilot mentorship program.

Methods: This case study focused on the self-selected Department of Psychiatry members who were participants in the mentorship pilot program. Faculty who joined the department in July 2021 were paired with mid-to-late career faculty to establish mentorship relationships. A year later, they were invited to participate in the program's evaluation using individual semi-structured interviews. Interview transcripts were analyzed using thematic content analysis. Two complementary approaches (inductive and hypothetico-deductive coding) were used to enrich the findings.

Results: All seven new faculty members enrolled in the pilot mentorship program. They were paired with 12 senior faculty who volunteered to mentor. Three mentees and seven mentors participated in the program

evaluation. Nine themes were identified: definitions of relevance, facilitators of mentorship, contents of mentorship, substantive processes of mentorship, procedural processes of mentorship, experiences of mentorship, impacts of mentorship, barriers of mentorship, and suggestions for mentorship.

Conclusion: The mentorship program met its objectives to support new faculty joining the department and enhance awareness of and interest in mentorship within the department. Continuation of this program with some modifications and more research on it is recommended.

KEY WORDS: faculty development, mentorship, psychiatry, qualitative research

Effective mentorship significantly influences academic success as well as job and life satisfaction[1]; it also improves faculty retention,[2] productivity, and confidence.[3] Traditional mentorship models use a dyadic mentor–protégé/mentee framework[4] in which an experienced individual guides someone more junior, fostering their professional and personal advancement through a trusted and respectful mutual learning relationship.[1,5] Mentorship in academic medicine is fairly well studied,[6] particularly in relation to faculty who are developing research careers.[7] However, despite the pivotal stage of transitioning from training to independent practice in the development of early career psychiatrists,[8] there remains a lack of literature addressing mentorship in their career development.[9] In addition, research is limited on how to effectively implement mentorship programs in academic medicine.[10]

In 2021, mentorship was identified as a strategic priority for Dalhousie University's Department of Psychiatry. At the time, the department's Division of Child and Adolescent Psychiatry had a formal mentorship program in place; however, there was no formal program for new faculty joining adult psychiatry services. Thus, the department's Education Management Team (EMT) was tasked with developing, implementing, and evaluating such a program for new psychiatrists joining the department effective July 2021. The objectives were: to support new faculty as they transition into their roles and to build a culture of mentorship within the department. An evaluation of the program was carried out 14 months later. It aimed to learn about the experiences of the program participants, determine the program's effectiveness, formalize the structure of a continuing mentorship program for the department, and contribute to the literature on this topic — particularly but not exclusively in relation to psychiatry.

Methods

Program structure

In 2021, the EMT developed and distributed an electronic Opinio survey (v. 7; Objectplanet, Oslo, Norway) to determine the areas of focus (such as clinical work, research and scholarship, and leadership) for participants interested in giving/receiving mentorship and their preferences on types of mentorship (dyadic, group, peer, task-focused). The survey was sent to current faculty in the department (n = 148) including new faculty who joined the department in July 2021 (n = 7). The data were compiled in a catalogue for the department's director of education to refer to during initial meetings with prospective mentees, during which one or two appropriate mentors from the catalogue were recommended.

Initial contact between the mentee and mentor(s) was facilitated by the director of education's office. The mentee was expected to follow up with the selected mentor(s) to discuss the terms of the mentorship. Both mentees and mentors were offered and provided an orientation session via Zoom (Zoom Video Communications, San José, Calif., USA) with the director of education. The mentee–mentor pairs were expected to establish their mentorship relationship, when and how they would meet, and the topics they would discuss. No formal agreements were used nor was a mentorship handbook provided. Mentors were offered a workshop on mentoring. No funds were specifically given to or set aside for the psychiatrists to participate. However, they were given permission to bill the one-hour to participate in the interview as academic administration time.

Evaluation design

The theoretical approach underpinning this evaluation study is constructivism, which suggests knowledge is constructed by individuals in the context of their experiences.[11] In this approach, the researcher's role is to enable, uncover, and interpret meaning through the lens of their values and beliefs.[12,13] This study is viewed through the lens of a senior faculty psychiatrist (AR) and the department's evaluation specialist (ME) who has worked in the department for 12 years. The methodology guiding the study design is an exploratory holistic organizational case study.[14] The focus is Dalhousie University's Department of Psychiatry's self-selected faculty members who are participants in the mentorship pilot program. This method allowed us to gain in-depth, practical insight into mentorship in our department,[15] aiding in the creation of faculty development initiatives.

Fourteen months into the project, all participants were invited to participate in an individual, semi-structured, one-hour interview held via Zoom with a study investigator (ME). To ensure a safe space for participants to speak candidly, individual interviews were chosen and conducted by the non-physician investigator who has good rapport with the physicians. The interview guide was drafted by EMT members using input from program participants and previously published guides[1,2]; it was finalized by both authors. The interview guide sought participants' perspectives on the meaning and value of mentorship, their experiences and impact of participating in the mentorship pilot, and recommendations for modifications if any. The interviews were audio-recorded and transcribed verbatim. The transcripts were analyzed using thematic content analysis,[16] in which transcripts were coded for themes individually by both authors who then compared and contrasted their analysis to address similarities and important differences. It was determined that using two complementary analysis approaches enriched the findings and related discussion.[17]

ME coded the transcripts using NVivo v. 12 software (Lumivero, Denver, Colorado, USA), inductively constructing themes from the data.[16] Following the steps of thematic analysis, ME read the transcripts multiple times to familiarize herself with the data; selected sections of the transcripts relevant to understanding participants' experiences and the program's effectiveness, creating and assigning codes accordingly; examined the codes looking for patterns in the data and created initial themes; and reviewed the transcripts to ensure the themes captured the essence of the participants' narratives.

AR coded the transcripts by hand, hypothetico-deductively using predetermined categories and constructing themes within, across, and beyond them.[18] He followed these steps: drafted a set of predetermined coding categories that were informed by the literature; applied those codes to the transcripts; examined the codes looking for patterns within and across them to create themes; and reviewed the transcripts to ensure the themes addressed apparently important aspects of the participants' narratives.

Each author generated a list of themes, then met to discuss and finalize common and other themes. Where similarities existed, those themes were mapped onto each other. Where there were differences, the authors further

examined those themes determining whether they were representative of the data. In the results section we highlight the author's findings. In the discussion section we address their similarities and differences.

Situational context

The Department of Psychiatry is a clinical academic department in Dalhousie University's Faculty of Medicine in Halifax, Nova Scotia, Canada. The department members train research learners, medical students, and psychiatry residents (as part of a five-year general training program and two subspecialty training programs), conduct research, and provide clinical care at core teaching sites in the Halifax Regional Municipality and in distributed sites across Nova Scotia, New Brunswick, and Prince Edward Island. This study focused on psychiatrists who participated in the mentorship pilot project and practice clinically at Nova Scotia Health (adult medicine) or IWK Health (women's and pediatric medicine).

Research ethics

This project was deemed program evaluation work by Dalhousie University's Research Ethics Board on 10 January 2022 and was, hence, exempt from requiring research ethics review. Still, voluntary capable informed consent was informally obtained from all participants.

Results

The results of the program detail the number of faculty who participated and the topics participants were interested in receiving/providing mentorship in. The results of the evaluation include the number of participants in the evaluation, the themes the authors generated from the analysis, and quotes to substantiate the themes.

Program participation

Thirty-three mid-to-late career faculty indicated an interest in mentoring, and all seven new faculty members enrolled in the pilot mentorship program. Of the 33 faculty, 12 were paired with new mentees, with some mentees having more than one mentor, based on the areas in which they requested mentorship. The three topics in which mentors were most interested in offering mentorship were clinical work, research and scholarship, and work–life balance (Figure 1). Mentees were most interested in receiving mentorship in clinical work, teaching and curriculum development, and quality improvement (Figure 2). The preferred type of mentorship for both mentors

and mentees was one-to-one. Additional topics suggested for mentorship were transitioning to practice, life-long learning, community advocacy, psychopharmacology, and law and public policy.

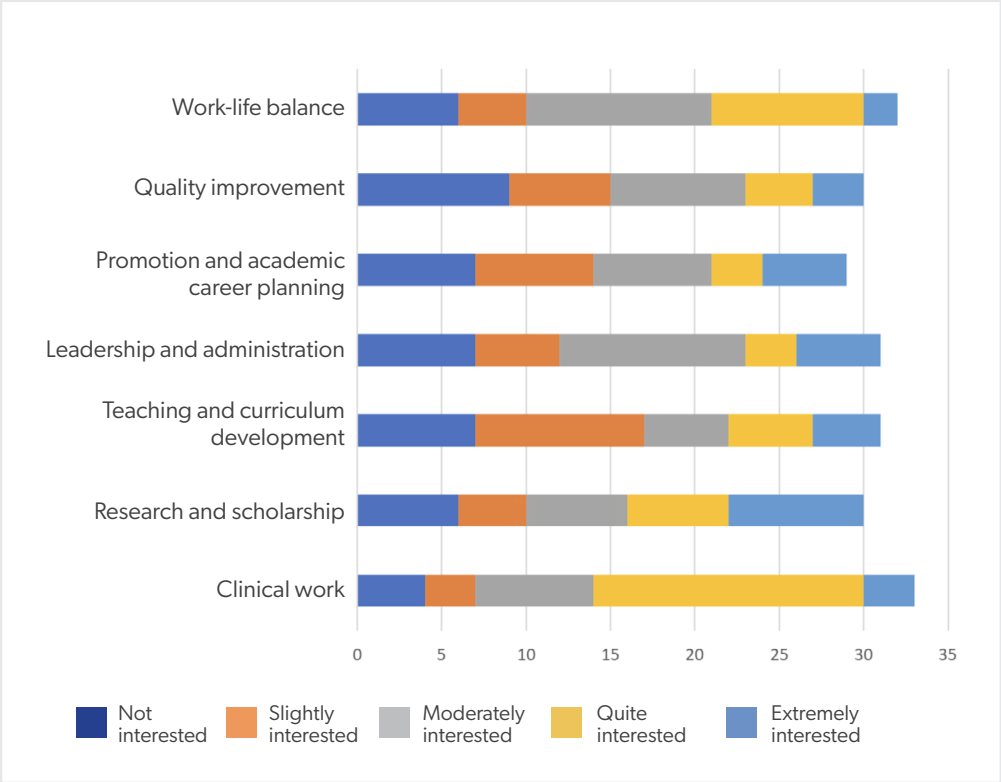

Figure 1. Mentorship topics of most interest to mentors

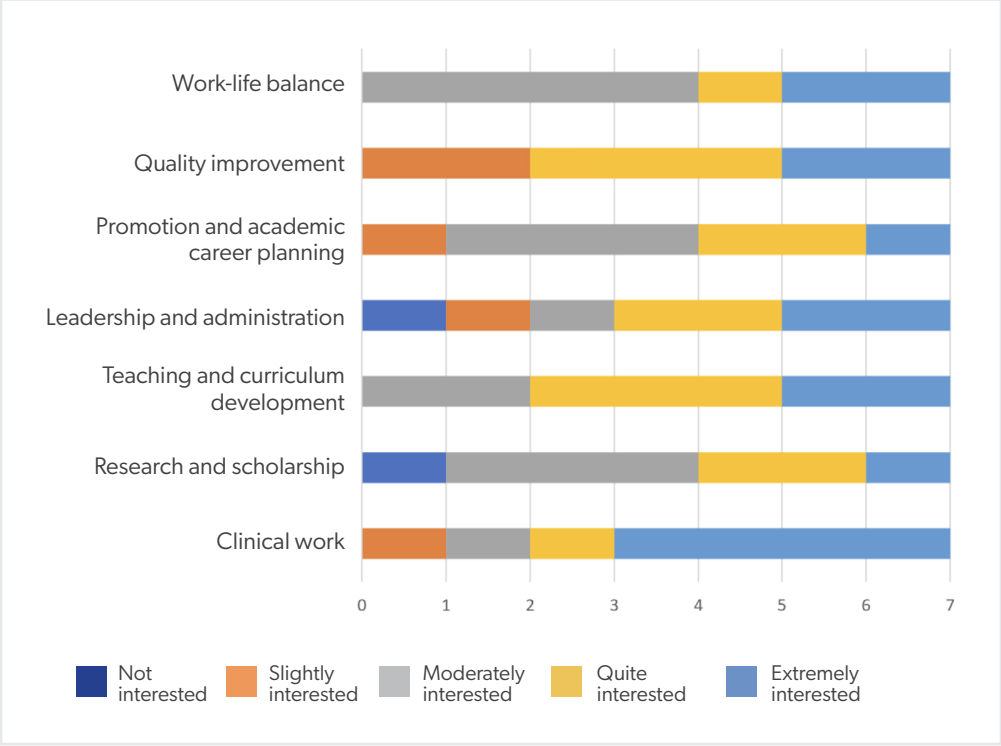

Figure 2. Mentorship topics of most interest to mentees

Evaluation participation

Three mentees and seven mentors participated in the program evaluation; ten participants is considered sufficient to achieve qualitative data saturation in such contexts.[19] From the data analysis, nine themes were constructed and agreed on: definitions of relevance, facilitators of mentorship, contents of mentorship, substantive processes of mentorship, procedural processes of mentorship, experiences of mentorship, impacts of mentorship, barriers of mentorship, and suggestions for mentorship. The themes and representative participant quotes are presented below with a code to signify the participant type (MTE = mentee, MTR = mentor) and number. The list of themes and their initial mappings can be found in the Appendix.

Definitions of relevance

Different terms related to mentorship were mentioned in the interviews, mainly by mentors who occasionally used them interchangeably as they grappled with the definitions. These included mentorship, sponsorship, supervision, and role modeling. Participants seemed to settle on mentorship as the act of providing advice, guidance, and encouragement from a non-supervisory position to foster mentees' professional development; sponsorship as the act of connecting faculty to career development opportunities; supervision as the act of overseeing and providing performance feedback to someone from a supervisory position; and role modeling as the act of modeling behaviours for others to emulate.

> Mentorship… to me is a relationship with a colleague that seeks to understand your strengths, goals, and areas for improvement, and helps you achieve… your best work. Or I don't know that you always achieve your goals, but to find the work that's a good fit for you, and so that you can be successful and fulfilled in your career. (MTR4)

It was suggested by some mentors that sponsorship and role modeling can be both part of and separate from mentorship. Mentors spoke about the importance of sponsorship for introducing mentees to opportunities that could advance their career:

> Sponsorship would be when people are looking for opportunities for you and putting your name forward or bringing them to your attention. And that can be something that mentors do, but sometimes you might have a mentor who is not in a position… to also sponsor you. (MTR1)

Contents of mentorship

Mentorship can cover multiple areas of interest. Participants mentioned discussing a range of topics in their mentorship meetings. Topics could be work-related, such as clinical, research, teaching, administration, onboarding, career development, conflict management, business aspects, and internal politics perspectives. Topics could also include personal aspects such as boundary setting, wellness, and work–life balance to minimize burnout.

> [We talk about] continuing professional development, expectations, working as a psychiatrist, a bit about work–life balance, and navigating the department, navigating systemic issues…. navigating under-resourced services, navigating expectations, running by boundary setting, those sorts of things to try to avoid getting overworked and burnt out. (MTE1)

Participants talked about how the content of their discussions changed over time and how mentees' needs change through the different stages of their careers.

> I'm constantly thinking about how it's [mentoring] evolving… in early stages of mentoring, it was much more… advice-giving, someone who's sage and has had lots of experience. You need different mentoring roles at different points…. It's really, [mentees] on their journey, you're going to need different things. (MTR3)

Substantive processes of mentorship

The substantive processes of mentorship occur in and support the mentorship relationship. They may be formal, informal, or both and are reinforced by a key facilitator of effective mentorship: trust (see theme "facilitators of mentorship"). Participants indicated that key to the mentorship relationship is the mentee seeking support and the mentor providing that support in a safe space through advice, guidance, advocacy, encouragement, validation, and feedback.

Facilitators of mentorship

The facilitators of mentorship are the aspects of the mentorship process that create a successful and effective mentorship relationship. Participants indicated that a key facilitator is trust. Mentees seek trustworthy mentors; someone they can confide in and ask how to navigate difficult work situations and politics.

> When I think back of the mentors that I've connected well with… I think there's an openness, there's a trust, there's a willingness to be vulnerable and a sense that you'll be protected and okay by demonstrating that vulnerability, that it won't come back to be used in a way that you don't expect it to. (MTE3)

Participants felt that having a shared experience is important to enable mentors to provide relevant guidance and feedback from a place of experience and understanding. However, participants felt that having differing perspectives encourages growth. In addition, participants expressed that gender did not matter to them in a mentorship relationship.

> If you share [gender or racial background] with that person, [they] may… have a much more fulsome understanding of… particular issues that face the mentee, so that could be [an] advantage… there's also something different that one gets from talking to someone [who's] not just someone that thinks like you, [who's] not just the same as you, that kind of brings different ideas, and that has its own value. (MTR2)

Mentors reflected on their own experiences as mentees, what they learned during their careers and how they can be role models to help train the next generation of leaders and mentors.

> I benefited from having experience as a mentee…. I used that when I became a mentor trying to follow… similar principles as much as I could… having the same value system, trust, respect, and things like that… trying to be a role model for those that are… more junior, with the hope that they [will be] mentors one day. (MTR5)

> Having a safe place where someone can talk about things that have been challenging, bounce ideas off people, and get advice as well, in terms of where they're headed, having someone that's got some experience and might be able to give advice or connections as someone moves along in terms of what might be good people to talk to if they're interested in specific things. (MTR3)

Trust between the mentee and mentor empowers mentees to be confident and open in seeking what they need from their mentors.

> They [mentees] will have the confidence to bring forward things to me that they may not feel comfortable speaking with… upper management, if they were worried about some kind of repercussion for voicing an opinion. They can bounce ideas off me and know that there's going to be no judgement or no repercussion for that. (MTR7)

In this example, a mentee spoke of feeling validated and not judged by their mentor when they brought forward an experience they had on call:

> It was just a really validating experience to know that I wasn't the only person who had experienced something like that on call, and that it wasn't a reflection of my clinical skills. And that it didn't change the way that — or didn't appear to change the way that my mentor viewed me as a physician within the department and as a person. (MTE3)

Procedural processes of mentorship

This theme refers to the procedures that support the mentorship program, such as the matching process, guidance provided to mentees and mentors, the logistics of when and how meetings occur, and departmental support to allow for meetings to occur during working hours. There were differing perspectives on the helpfulness of having someone "prescribe" the match versus the matching happening organically. However, participants indicated that the matching process was mostly helpful.

> I would say the process was — while it wasn't organic, I think it was thoughtful. (MTE3)

Many participants mentioned that it would be helpful to have guidance on the structure and logistics of their mentorship relationship, including how to change mentors if there were issues. Mentors stated the importance of discussing mentee and mentor roles and responsibilities to provide clarity on how the relationship will function. Some mentors mentioned the need for a mentorship agreement to formalize the relationship.

> I think formalizing a mentor–mentee agreement and making it more overt… [instead of improvising]…. People can get overwhelmed by that. (MTR3)

Most mentor–mentee pairs had regular meetings during work hours, meeting mainly online or by telephone because of the pandemic. Many indicated that they would have liked more opportunities to connect in person. The frequency of meetings tended to decrease as mentees became more comfortable in their role. All participants stressed the importance of meeting during work hours, not on personal time, and the necessity for departmental support for this, as it benefits the department.

> [Meeting during work hours] is actually very important because it's the same as wellness work…. A really important part of working for the department is understanding how to be a good psychiatrist and how to navigate…. If we were told [to meet] after hours,… I would feel worse about talking to the colleague about it, and I'd be less likely to do it… even though I think it's important, I also have my other demands, family, [etc.], so it feels actually good… to be able to actually prioritize this as part of my work day. (MTE1)

Experiences of mentorship

This theme captures the participants' feelings about and experiences with the mentorship program, which are influenced by the themes "facilitators of mentorship," "substantive processes of mentorship," and "procedural processes of mentorship." All participants spoke positively of the program and its importance. Mentees spoke of feeling supported and valued when mentors offered their time, engaged with them, and prioritized their mentorship. They also found it helpful and reassuring to know they have someone to reach out to who provides a safe, supportive space.

> It's just nice to have someone to talk to or go to for feedback. So far it seems like it has been very valuable and just someone to give those… tips about how to do things or make changes in your life to better meet your own goals. Also, maybe provide the emotional support as well, not just the practical aspect. (MTE2)

Mentors spoke of enjoying the experience, the joy they felt mentoring a colleague and how rewarding it was to watch them grow and succeed. Mentors also mentioned learning from the mentees about their newer ways of working and how the program gave them an opportunity to reflect on their own experiences.

> As a mentor, I've found it valuable [to] think about what my own priorities are.… Having to speak candidly about what I think, just to a colleague, has been helpful [in] solidifying my own views. That helps also solidify… goals and direction for my own career. (MTR7)

Impacts of mentorship

This theme includes the impacts the mentorship program had on the participants and, in turn, the department. Mentees spoke of the importance of the program, with some describing the challenges they faced as a new faculty member, how having the support of a mentor helped them face those challenges and make it through their first year.

> There's a lot of things that are really challenging about working here. If I didn't have at least some informal mentors, I don't know how much I'd like working here. (MTE1)

> I don't know what the year would have been like if I didn't have a mentor, because I think some of the things were very helpful, and it was good to have some of those discussions.… It's very valuable because I feel like [otherwise] there is no guidance at all. You're just kind of thrown into stuff and trying to figure things out. (MTE2)

Mentees talked about how the guidance and validation they received from their mentors increased their confidence and helped them be a good psychiatrist.

> It's really helped me to understand things about boundaries and the realities [good aspects and challenges] that everybody faces, and that's quite validating…. I've had some formal and informal mentors over the last year and a half, and they have all served relevant purposes in terms of increasing my confidence and helping me to understand expectations and creating a good practice for myself as a psychiatrist. (MTE1)

Mentors spoke of an effective mentorship program fostering happy, engaged faculty.

> [Mentorship is] really what I call a career promoter/enhancer, with a good infusion of wellness, taking care of yourself, self-compassion built in, with the idea of creating well-rounded, happy, engaged faculty who really feel like they've got a good support base. (MTR3)

Barriers of mentorship

Participants spoke of a few barriers, primarily in program logistics and lack of guidelines. Both mentees and mentors expressed some uncertainty about how they should structure their meetings, when they should meet, who should take the lead, and what steps to follow should there be issues within the mentorship relationship. Mentors also spoke of the uncertainty they felt and questioned whether they were "doing it [mentoring] right."

> The lack of structure left me feeling like I wasn't doing it right. [laughs] (MTR4)

> I don't even know if I'm doing it properly. (MTR6)

Mentors also spoke about the relative disadvantage to newcomers, especially those who are unfamiliar with medical education and clinical work in Canada. These individuals require different or additional types of mentorship to assist them with licensing, credentialing, work permits, and getting settled in a new country.

> We definitely want to help [newcomers] to settle and build a successful practice. But, at the same time, they're dealing with issues [getting settled] that may not be necessarily work-related, but certainly are big priorities for the person. So, we have been helping… to give advice, or at least support, and validate that it's not easy. (MTR5)

Suggestions for mentorship

Although there were mixed feelings on whether guidelines should be provided, most participants agreed they would be a useful resource. Participants emphasized the importance of guidelines being brief and flexible so as to support, rather than hinder, the organic nature of the relationship. Mentors suggested additions to the mentorship program: a buddy system to support faculty who are newcomers to Nova Scotia and/or Canada; a community of practice to provide mentors with an avenue for learning opportunities and discussing mentorship challenges; faculty development workshops where mentors can learn how to be good at mentoring. Mentors expressed the importance of departmental support of the mentorship program to allow protected time for meetings to occur during work hours.

> I think it's really important for a mentee to realize that this is really important for their career, and it's perfectly okay to have a meeting with [their] mentor and… not to prioritize clinical in that particular moment…. Having protected time for both mentor and mentee. (MTR5)

Discussion

The nine themes identified in this exploratory case study provide insight into participants' experiences and suggest that the mentorship program met its objectives to support the transition of new faculty and enhance awareness of and interest in mentorship within the department.

Consistent with the literature,[1,5] new faculty want a trustworthy mentor who has experience and can provide advice and guidance in a confidential, safe space where they can have honest conversations. Despite the transition from training to practice being a stressful experience, often with little support,[8] mentees felt valued and supported by the department and the mentors who offered their time and prioritized their mentorship. This facilitated their transition to faculty and increased their confidence, which may have led to their retention. Mentors found the mentoring experience

reflective, rewarding, and a potential opportunity to foster future mentors in the mentees. An unexpected finding was the success of the arranged mentorship pairings.[4]

Mentees did not experience different levels of commitment with their mentor, nor did they mention relationship conflicts or power imbalances, even though some mentors held leadership positions in the department. In line with the results of Farkas et al.,[20] gender discordance also did not appear to affect participant satisfaction with the mentorship relationship. The process of matching pairs based on topics of interest may have contributed to participant satisfaction.[6]

Although our interview guide did not include questions about sponsorship, mentors directly and indirectly spoke of sponsorship being an important part of mentorship for introducing mentees to career development opportunities.[2] To enhance the mentorship program, the department might consider incorporating information about sponsorship and a mentorship agreement in guidelines it develops to help set boundaries and guide mentorship relationships.[21] In addition, the department might consider setting up a buddy system for faculty who are newcomers. To support faculty in their mentor role, the department should offer faculty development workshops on mentoring[22] and cultivate a community of practice where mentors can share best practices, gain knowledge, and discuss challenges. It is important for the department to continue to allow protected time for participation in mentorship activities, including the faculty development required to support mentors.[22] Implementing these suggestions may further grow the culture of mentorship in the department and foster the next generation of mentors.

Comparing and contrasting the authors' analysis

Despite the authors using different coding approaches, the analysis revealed a high degree of consistency in the themes they each constructed (see Appendix). ME did not generate a theme about definitions but agreed that the thoughts shared by participants about the definitions and how they are sometimes used (mistakenly) interchangeably is an important theme to capture. The largest contrast in themes was around mentorship contents and substantive processes. ME had captured these concepts in one theme labeled "mentee–mentor relationship" whereas AR captured these in two separate themes. After discussion, the authors agreed that having separate themes — "contents of mentorship" and "substantive processes

of mentorship" — was important so as not to dilute the concepts. Where the labeling of the themes differed, the authors discussed and determined that the consistency of the naming convention used by AR was the most effective.

Limitations

This study is based on a single site/case study and, therefore, may not apply to other contexts. To assist the reader in determining transferability to their own context, we have provided a detailed description of our setting and the lenses we viewed the analysis through. There may have been selection bias as participation in the study was voluntary. We had a lower participation rate than hoped, specifically by mentees. However, the focused interview guides, duration of interviews, and rich stories of the participants provide us with valuable insights. The department's child and adolescent psychiatry faculty were included despite them having their own separate formalized program. They provided deep insight into their program and offered opportunities for improvement for the adult psychiatry services. Analysis and related data saturation could not be applied to mentees vs. mentors separately. One of the EMT members has since left and is no longer available to confirm the matching process. ME reviewed committee minutes and program documents to fill gaps where possible, but some remain. Although the authors approached the analysis using two different, although complementary, approaches, this enriched the findings. Trust and safety related to the mentorship experience were not formally explored in this project; future work on trust and safety in mentorship is needed.

Conclusions

Mentorship is a powerful way to connect, support, develop, and retain new faculty psychiatrists through trusted and respectful relationships. Our findings indicate that the department should formalize the mentorship program — with some modifications — as a permanent resource for new faculty members. These include departmental support for mentorship meetings during working hours, creating flexible guidelines for program participants, implementing a support system and faculty development for mentors, implementing a buddy system for the newcomers, and departmental appreciation of the importance of mentorship to enhance work effectiveness, academic learning, clinical problem-solving, and faculty retention.

This study contributes to the literature on mentorship in academic medicine, particularly but not exclusively in relation to academic psychiatrists. Future scholarly work could involve conducting further program evaluation on the mentorship program after modifications, such as those noted above. Other specialties could pilot a similar mentorship program and conduct their own evaluation to further add to the literature on early career faculty's professional development and how to effectively implement mentorship programs in academic medicine. Mixed (quantitative as well as qualitative) methods research with more participants would further contribute to the advancement of physician mentorship.

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Authors

Mandy Esliger is an evaluation and curriculum specialist in the Department of Psychiatry at Dalhousie University.

Abraham (Rami) Rudnick is a professor in the Departments of Psychiatry and Bioethics and in the School of Occupational Therapy at Dalhousie University; clinical psychiatrist and the clinical director of the Nova Scotia Operational Stress Injury Clinic at the Nova Scotia Health Authority; a Canadian Certified Physician Executive; and editor-in-chief of the *Canadian Journal of Physician Leadership*.

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Correspondence to:
mandy.esliger@dal.ca

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Appendix. Themes identified from psychiatrists' mentorship experiences.

ME	AR
No corresponding theme	Definitions of relevance: Mentorship and/or sponsorship and/or supervision.
Mentor characteristics: Mentor has experience, shared experience, a shared/different perspective, prioritizes mentee, is a role model, is trustworthy.	Facilitators of mentorship: Confidentiality, trust, honest communication, scheduling, common values, shared interests, similar personality, semi-structure (some focus with flexibility), availability of mentor, commitment of mentor, role modeling by mentor, openness of mentee.
Mentee–mentor relationship: Mentor provides feedback, safe space, serves a purpose for the mentee, provides the mentee with guidance and support (wellness, work-related, work issues, career development), is someone for the mentee to go to (venting, advice).	Contents of mentorship: Clinical, teaching, research, administration, onboarding, boundaries, teamwork, business aspects, internal politics perspectives, work-life balance.
	Substantive processes of mentorship: Both formal and informal mentorship, mentee's more than mentor's goal setting, knowledge exchange, venting by mentee, validation by mentor, advice by mentor, guidance by mentor, feedback from mentor, encouragement by mentor, advocacy by mentor.
Program structure, expectations and guidelines: Agreement/commitment to the mentorship relationship, discuss mentee/mentor responsibilities. timing of meetings, process to change mentor, department support, how to meet (zoom, phone, in person).	Procedural processes of mentorship: Matching of mentor and mentee is (mostly) helpful, mostly regular (often reducing) frequency of meetings during work hours, in-person/online/phone/email/ texting, troubleshooting unclear (such as regarding change of mentor when needed).
Feelings about mentorship: Rewarding, supported, enjoyment, feeling safe.	Experiences of mentorship: Enjoyable and rewarding (overall positive), safe, supportive, mutual reflection and learning, more than one mentor is sometimes needed for a mentee.
Mentorship impacts: Mentees feel supported, find mentorship helpful, happier mentees, faculty retention.	Impacts of mentorship: Enhanced connections and opportunities, increased work efficiency, improved clinical problem-solving, more academic learning.
Barriers of mentorship: Lack of guidelines, uncertainty of processes.	Barriers of mentorship: Insufficient guidance to mentors, relative disadvantage of newcomer mentees.
Opportunities for improvement: Department to provide support for mentors (community of practice, workshop), provide guidelines for mentorship, consider staff as mentors, establish a buddy system for internationally trained faculty.	Suggestions for mentorship: Provide guidelines for mentorship, try workshop and/or community of practice for mentors, prioritize newcomers.