Mentoring and Career Counseling for Residents

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Introduction

In Greek mythology, Odysseus went off on a 10-year Odyssey. He entrusted his friend "Mentor" to raise his son [1]. Mentor did his job well! In modern terms, faculty mentoring of psychiatry residents involves a relationship, good communication, goals, and the resident benefiting from the experience and wisdom of the faculty member.

Mentoring should be differentiated from other developmental relationships. There is general agreement that mentoring has both relational and developmental context, has a career development function, and includes a number of specific phases [2]. The phases of mentoring have been well described. These include an initiation phase where a possible mentoring relationship is explored, a cultivation phase where the majority of the work takes place, a separation phase where the mentee's autonomy increases, and a redefinition phase where the mentor and mentee become mutually supportive colleagues [3]. A good mentoring relationship is a trusting, close, and meaningful relationship, which occurs within a professional context. The process of mentoring has many possible components, including befriending, providing guidance, teaching, coaching, nurturing, sponsoring, and helping with career development [2]. Mentors may advocate for their resident mentee, and use their experience to alert the mentee to potential obstacles they may face. Within this context, the goal of mentoring psychiatry residents is to help them with their personal and professional development as they work towards graduation and to help them build the skills they need to take on a challenging career. Although there are a number of definitions of mentoring in the literature, definitions are expanding and changing over time. Inclusiveness, equity, and social justice have recently received more focus as a component of the mentoring relationship.

This chapter will review several aspects of mentoring residents and fellows in psychiatry graduate medical education (GME) programs. These include the multiple roles that program directors have in mentoring residents and in leading the administration of mentoring programs, the program director's role in helping struggling residents, and the limits of program director mentoring when a resident requires a disciplinary process. We will cover mentoring done by faculty, chief residents, and experienced resident peers; group mentoring as well as individual mentoring;

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and mentoring specific to career development. We will discuss mentoring for specific groups of trainees, such as underrepresented resident groups, rural track residents, and residents with a strong interest in research. We will look at how good mentoring relationships begin and end and we will discuss mentoring failures. Finally, we will discuss future directions for mentoring research.

Program Director Mentoring Relationship Considerations

The relationship between the program director and the residents in the training program is complicated, and often dictated by the leadership style of the program director. Are the residents employees or students? For tax purposes, in 2011, the US Supreme Court decided that residents are employees [4], yet residents are clearly involved in many daily educational activities and are closely supervised by faculty. Program directors may alternatively see themselves as leaders providing administrative skills to a complex organization, with clear employer–employee boundaries, or as faculty, master educators, resident mentors, role models, and sometimes "surrogate parents." These overlapping roles (employer, mentor, and parental figure) can complicate mentoring if/when residents share aspects of their personal life. Therefore, embarking into the mentoring dyad requires clear communication between the program director and the trainee to determine whether an outside mentor would be more appropriate and effective.

Mentoring the Resident Group

While every program director mentors residents in some aspect of their training, in a small training program, program directors might have time to get to know each of the residents very well and to assign them individually to specific mentors based on their needs and interests. However, in a larger program, the program director role should be focused on their administrative role, with the goal of organizing a formal mentoring program for the resident group.

Program directors meet with the resident group on a regular basis. This affords them multiple opportunities to mentor the residents as a group. The director has opportunities to explain many resources to the residents, which should include wellness resources, as well as how to get help for mental health problems. Such conversations about wellness resources should occur in a tone that makes it acceptable to seek help when needed. The program director can also inform the residents about local and national conferences, advocacy organizations, research opportunities, and national awards or programs that suit individual interests. The program director has many opportunities to impart their philosophy of resident education, explain why they chose the educational mission of the department, and explain how the department can support residents to build their careers. The program director can educate the residents about mentorship relationships, and the goals and expectations of mentorship programs within the residency program. Regular meetings with the resident group or subgroups provide many chances to demonstrate the program's dedication to helping each resident get the training that they need to be successful. During appropriate times, the program director should also discuss normal disciplinary procedures, reassure the residents that few of them will have trouble, and explain that the goal of these procedures is to support and graduate a competent and successful resident. If residents have the sense that they are being taken care of, that they will be warned well before any serious trouble, and that the program director has their back and will fight for them to succeed, the director can earn the trust of the resident group.

Clarifying Program Administration Mentoring Roles

Program administration, including program directors and associate/assistant program directors, could be considered the "generalists" of the mentoring faculty. In their administrative roles,

especially within the context of Accreditation Council for Graduate Medical Education (ACGME) required twice yearly meetings, program directors help residents identify career and research interests, can guide choices of electives and conference attendance, and can serve as connectors to other faculty members with similar academic or career interests. Chief residents can sometimes serve as mentors for personal life issues and can also serve as problem-focused "coaches," to help residents further develop specific skills or address learning deficits [5]. Programs can help connect residents to specific faculty members as additional mentors, especially in the context of specialized academic or career interests, such as identifying an adjunct faculty member in the community who is an expert in preschool mental health. Faculty mentors can also serve as coaches for performance issues, such as working on interviewing skills or psychotherapy skills.

Faculty Mentoring of Residents

While the ideal would be a formal mentoring program developed within the training program, there are a number of ways to set up a good mentoring/career counseling program. There are several questions to consider in doing this. For example, should mentors be assigned early in training, or is it best for residents to be assigned an advisor, who is responsible for connecting residents to an appropriate mentor as their professional interests develop? Should residents be allowed to choose their own mentors? What are the mentoring roles of chief residents and senior residents? Where can non-physician faculty play a role in mentoring? For example, can a resident be assigned a psychologist mentor, if the resident wants psychotherapy to be a key part of their future career? The answers to these questions will likely depend upon the individual resources of the program. For example, one program has a single chief resident, while another has three chief residents and a junior chief. One program has a strong psychotherapy program run by psychologists who are psychiatry faculty, while another program has psychiatrists with strong expertise in psychotherapy.

There are advantages with the training program assigning mentors, and some benefits when residents choose their own mentors. Studies have suggested that mentees prefer to have a choice in their mentors, feeling it increases the likelihood of having good "chemistry" with the mentor [6, 7]. However, that may be difficult in a small program with limited faculty availability. In programs with a large faculty group, residents may not have the opportunity to interact with faculty who have experiences that align with their career or professional/personal goals, and could miss out on a valuable relationship. Assigning mentors (or advisors) early in training demonstrates that mentorship is a priority for the training program and ensures that all the residents at least start out with a mentor/advisor. Assigning mentors is especially helpful for underrepresented groups (see Mentoring Across Differences section of this chapter). Residents can also add mentors of their choosing as their needs develop, or transition to new mentors. Programs may also wish to use peer mentors, either one-on-one or in the context of group mentoring. Although additional studies are needed regarding peer mentorship, non-psychiatry residency peer mentorship programs have increased scholarly work, improved communication skills, and enhanced resident group cohesion [8]. Whatever approach the program chooses, the goal is to find a good "fit" for an individual resident, and to help them develop and grow with their career and personal needs.

One aspect of a successful faculty-resident mentoring relationship mentioned repeatedly in the literature is the need for residents to take an "active role" in the process [9]. How can a resident go about this? Residents can work with the faculty mentor to develop specific goals for the relationship, which can be reviewed and changed as needed over time. These goals might be educational, related to career development, or personal. When goals are set by the mentor and mentee, the mentor must always keep in mind that the goals should come from the mentee, and not be projections of the mentor's goals for the mentee. The faculty member needs to find a middle ground

between pushing the mentee towards their goal at times, while keeping the mentee from becoming overwhelmed. In addition, the mentor must remain flexible, as the mentee's ideas and goals will change over time. In psychiatry, the mentee's own background, culture, and experiences play a role in their practice of psychiatry and development into a fully trained and competent psychiatrist. It is not surprising that mentors often learn about the mentee's personal history, since this may be important in understanding aspects of the resident's career development. When the faculty member is supportive and available to the resident, and gains their trust, the potential for understanding and growth is accelerated. The benefits of these relationships are great, although in any close interpersonal relationship, the mentee and especially the mentor must be aware of relationship boundaries. This is especially true if either the mentor or mentee is struggling in their own personal life. Self-awareness and discussion of boundaries as needed is important, and like boundary concerns with patients, should be discussed in the relationship or with a third party early on before any lines are crossed.

Another frequently cited aspect of successful mentoring programs by faculty is that they are aligned with institutional and departmental goals and that faculty development regarding mentoring is offered by the program [10]. This is especially true with mentoring programs for women residents and residents who are underrepresented in medicine.

Research or Scholarly Mentoring

Residents who are clearly interested in an academic career with research as an important component will need experienced mentors with research projects, savvy, connections, and a desire to develop the next generation of faculty researchers. This type of mentoring is very resource dependent. In a program where the number of senior faculty researchers/mentors is limited, faculty will only be interested in mentoring residents who make a strong commitment to research. This could mean residents in an MD/PhD research track, or residents with more limited research background who are willing to make a significant commitment of time and money and sacrifice to dedicate themselves to research projects. For example, a resident who is serious about research should be willing to forgo moonlighting, work weekends on research projects, and present data nationally at conferences. Novel approaches include resident group mentoring with a research curriculum led by research faculty [11]. Well-resourced research programs may be able to provide residents who are ambivalent about research with some research experience. Programs with more limited resources may focus on giving residents interested in clinical careers a didactic general understanding of research, while having residents complete scholarly review papers or quality improvement projects, including presentations to resident peers and faculty.

Mentoring in Rural Tracks

Residents in rural tracks may encounter limited mentoring resources for a variety of reasons. There are limited full-time faculty at rural training sites, which means more of the adjunct faculty might have to serve as mentors. For career development opportunities, there may be a lack of access to subspecialists and specialized psychiatric systems of care. Rural residents need mentoring specific to rural practice, including a curriculum covering rural systems of care, telepsychiatry, and the business side of rural practice [12]. Residents and faculty in rural tracks are often more autonomous and self-directed in their educational pursuits, but have to find ways to avoid becoming isolated. Rural supervisors have specialized knowledge and experience regarding working in under-resourced areas. For rural tracks, when residents want to pursue a specialized interest, a program should consider setting up a formal mentorship program to combat any limitations. Specialists from the sponsoring institution can be recruited and mentoring sessions can be conducted virtually. Rural residency

tracks may also be an opportunity for group mentoring, as many of the challenges with rural care and opportunities for career/ professional development should overlap amongst trainees.

National Mentors

Residents who have a strong interest in professional service on a national level, or residents who would benefit from a mentor in a specialized area not available within their training program, should be advised to join a national organization that best fits their needs. National organizations might include the American Psychiatric Association (APA), or more specific organizations related to the resident's interests. For example, a resident who plans to apply for an addiction fellowship in the future might join the American Academy of Addiction Psychiatry (AAAP). National organizations have a reduced fee schedule for resident memberships to make membership more affordable. Most organizations have mentoring programs for residents and specialized organizations have mentoring programs that include fellows. Once a resident has joined a national organization, separate from the formal mentoring programs, residents can apply via the organization's website to join a committee, caucus, or workgroup suited to their interests. They might first check to see if their psychiatry department is able to help fund travel and/or accommodations for resident roles on national committees. If the resident is not selected as a resident member for their committee of interest, they can still attend the organization's national conference on their own, and then attend the committee meeting as a non-voting visitor. For example, take a resident who has a strong interest in serving children in the deaf community as part of their larger plan to become a child psychiatrist. The resident should be encouraged to join the American Academy of Child and Adolescent Psychiatry (AACAP), paying the reduced membership fee. Then he or she could use the AACAP website to sign up for their formal mentoring program. Alternately, the resident can use the AACAP website to try and join a committee specific to their career interest and needs. The resident in this example could apply to join the AACAP "Deaf/Hard of Hearing and Blind/Low Vision Committee." If they are selected as a resident member of the committee, they can talk with their program director and/or department to see if they can help fund attendance at the annual AACAP Conference, where the committee meets. There are many benefits of serving on a national committee, and psychiatric organizations encourage and welcome resident participation. If the committee does not currently have an opening for a resident member, the resident in this example would still have the option of attending the conference on their own, attending the committee as a visitor, and using the opportunity to meet potential mentors. The resident could also stay on the waiting list for a committee opening. This type of networking offers the resident the experience of meeting and sharing ideas with psychiatry specialty experts and national leaders, and opens up the possibility of new mentoring relationships.

Mentoring Lessons from Business Environments

The literature on mentoring in business schools and workplaces offers some interesting insights. For example, in the business world, they have known for a long time that mentoring has many benefits, including increased psychological safety within the organization [13]. Furthermore, the quality of mentorship for top leaders/CEOs has been associated with increased organizational innovation [13]. The degree of increased innovation is mediated by two factors: psychological safety within the organization and the cognitive adaptability of the company leader. The greater the perception of psychological safety and the less cognitive adaptability of the leader, the greater the effect of mentoring. Psychiatry training institutions primarily focus on mentoring trainees and new faculty, and may want to consider a focus on mentorship programs for top leaders as part of their normal custom and culture. In a study of Chinese business training pro-

grams, educational leaders with a "bottom-line" mentality (prioritizing organizational goals over resources for teacher development) had negative effects on teacher innovation and psychological safety, although this was moderated somewhat when organizational values aligned with the teacher's values [14]. Multinational research has shown that females in business, compared with males, put a greater emphasis on the organizational values within their workplace [15]. Participative leadership versus bottom-line leadership improved psychological safety, cohesiveness, communication, and team functioning. In residency training programs, the program director mentors the resident group with hopes of greater cohesion. Business research shows that employee productivity improves as "employee cohesion" increases, and this becomes more vital as the intensity of the workload increases [16]. "Task cohesion" is a separate but strong determinant of performance in a business environment [17]. Task cohesion is primarily influenced by strong leadership and consistent communication of goals. Program directors who want to shape the philosophy of a program will need to develop and continually communicate training program priorities to both faculty and trainees. In a study of a business entrepreneurship program, students who were assigned mentors who were entrepreneurs were more likely to become entrepreneurs, more likely to choose an early-stage venture, and were more likely to select better performing ventures [18]. This seems to validate the need for specific mentors for specific types of students/trainees in any setting.

Career Development

To help the residents with career development, program directors have multiple approaches at their disposal. Using their connections with department faculty, adjunct faculty, and outside faculty from other institutions, program directors can connect residents with faculty with similar interests to serve as career mentors. Mentorship has been shown to be influential in selecting careers, especially in choosing to pursue a career in academic medicine [19]. With mentoring early in residency, the career mentor's role is to help with the career and professional development of the resident, not to be a recruiter into the faculty member's specific interest area. Mentors should be open and encouraging as residents may change their interests over time. Mentoring later in residency may involve facilitating connections with other faculty members and/or local and national colleagues specifically to match the resident's interests with the interest and skills of the prospective mentor.

Program directors can help residents pursue scholarly work within their desired career field and identify opportunities for electives within this field to further clarify their interest and also to help make professional connections. For example, a resident interested in addiction psychiatry should be encouraged to take addiction electives that can give them a broader perspective compared with the required rotation, or explore experiences with specific subpopulations they might be interested in, such as pregnant women with an opioid use disorder. A resident exploring a career as an academic educator could be connected with teaching faculty within the medical school to help develop medical student curriculum or lead didactics or case-based learning groups. Near the end of training, when residents have settled on their career choice, mentors may want to encourage a "Junior Attending" rotation, if the program offers this type of experience. Junior attending rotations provide the resident greater autonomy and decision-making compared with previous rotations, while providing ongoing supervision to reinforce their skills and confidence. For residents who have an interest in leadership or administration, program directors can sponsor their residents by recommending them for leadership positions within their institution, as well as identify and recommend them for national scholarships, committee memberships, and travel awards to further national networking in their desired field. Programs can develop didactics that support career development in a variety of ways. Programs can ask practicing psychiatrists in the community and at other institutions to speak to the resident group, especially

about career opportunities that may not be available at the home institution. Programs can provide support and review for the development of a Curriculum Vitae (CV) and cover letter as residents are applying for jobs, and provide "near-peer" coaching from recent graduates about the job market and "lessons learned" from recent job searches. Finally, programs can help connect residents with local professional organizations, job fairs, and expanded networking opportunities.

Mentoring Across Differences

Women and physicians who belong to ethnic and cultural groups underrepresented in medicine (URM) continue to be underrepresented in academic medicine, as well as in faculty leadership positions [20]. These groups also receive less mentorship. Mentoring has been demonstrated to be important for career development, job satisfaction, retention, publications, and pursuit of academic careers. With women and URM physicians less present in senior leadership and faculty positions, it can sometimes fall on women and URM junior faculty to be tasked with mentoring residents from these groups. However, multiple studies have shown that mentoring can be effective across differences, and that mentor activities that are most effective are providing career guidance, offering support, actively listening, being open and honest, and focusing on work–personal life balance [10].

To combat the lack of mentorship for women and URM physicians, residency programs may wish to implement formal mentorship programs. However, faculty development surrounding mentoring skills, especially in the context of navigating differences, is integral to the success of cross-differences pairings. One such effective training is the "Mentoring Across Differences" sessions developed at Brigham and Women's [21]. Residents may also benefit from access to persons with shared backgrounds and experiences for additional support or mentorship. Program directors could connect residents with female or URM faculty in other departments or at other institutions to serve in this role. Many higher education institutions are developing more organized supports for URM, women, and LGBTQ medical students and residents/fellows, so reaching out to the medical school or Graduate Medical Education (GME) office could help facilitate these connections. Finally, programs may also wish to connect their residents with national support networks to look for expanded mentorship opportunities that may continue even after residency training [20]. See Table 20.1 for a list of such national networks.

Studies have also identified a critical need to create safe and inclusive environments for LGBTQ faculty and trainees. In a study using data from surveys and focus groups, including 252 LGBTQ health professionals and trainees, only 46% were open about their LGBTQ status professionally, although 79% were involved with research, clinical, or community efforts specific to LGBTQ populations [22]. Thirty-one percent of this LGBTQ study sample identified as an ethnic or racial minority and 57% were physicians or residents. Forty-two percent of LGBTQ faculty and trainees avoided disclosure of sexual orientation in the past year due to fear of discrimination or harassment. Another study looking at the experience of LGBTQ health professional trainees, including residents, demonstrated that 72% of trainees felt it was very important to have at least one LGBTQ mentor [23], while 59% felt an LGBTQ mentor was needed for career development. LGBTQ mentors were not available in some programs, while other programs offered formal mentoring programs and peer-support programs. The most important results of LGBTQ mentoring identified in surveys and focus groups were enhanced academic productivity and personal development. Interestingly, 81% of the LGBTQ faculty and residents surveyed were interested in academia, making LGBTQ role modeling and retention critical to academic faculty growth) [22].

Generational differences have the potential to negatively affect mentoring. There are many myths, stereotypes, and misunderstandings about each generation, especially regarding "Millennials." Programs may wish to offer faculty development regarding generational dif-

Table 20.1 National Mentorship Possibilities for URM/Women/LGBTQ+ Psychiatry Residents

American Psychiatric Association:	**American Academy of Addiction Psychiatry**
Join the Minority and Underrepresented (M/UR) Caucuses:	*AAAP Mentoring Program*
American Indian/Alaska Native/ Native Hawaiian	**Join or Start a Chapter of the following medical student organizations:**
Asian-American	*Student National Medical Association*
Black	*Latino Medical Student Association*
	Other National Organizations
Hispanic	*GLMA: Health Professionals Advancing LGBTQ Equality*
International Medical Graduates	*National Research Mentoring Network*
LGBTQ	**Women's organizations:**
Women	*Association of Black Women Physicians* Sister to Sister Mentorship Program
American Academy of Child and Adolescent Psychiatry	
American Academy of Child and Adolescent Psychiatry (AACAP) Mentorship Network	*American Medical Women's Association*
AACAP Committees (join or connect with members):	*Association of Women Psychiatrists*
Medical Students and Residents	*Physician Moms Group* (mypng.com)
Indigenous Native Child and Adolescent	
Diversity and Culture	
Global Mental Health and International Relations	
Religion and Spirituality	
Sexual Orientation and Gender Identity Issues	
Women in Child and Adolescent Psychiatry	

ferences, to work on combatting these misperceptions and enhance the ability of faculty to mentor across generations. One such example may be reframing a young faculty member's frequent emails giving updates about their research project as their learned communication method and preference for quick feedback instead of being seen by a senior faculty member as evidence of disorganization or having limited boundaries [24].

Mentoring Residents in Personal Crisis

During a personal crisis for a resident, the program director will need to get involved quickly, either with the resident directly, or with other residents, faculty, or even the resident's family members. For example, a resident in a car accident may be very stressed for many reasons, but concern about who will take care of his/her patients on a busy clinical service can be relieved by the program director. When a resident is dealing with a death in the family, or a relationship crisis, assessing their ability to move forward and function, especially if they want to continue on with their rotation, is vital. A resident who is not performing well due to grief, physical or emotional pain, or any other reason, may find that taking leave under the Family Medical Leave Act (FMLA) is a wise choice. It is better for the resident to take a break from duties and return when their performance is up to par again, than to harm their self image and clinical reputation, or put patients at risk. Although some residents in crisis are good observers of their own status, others may need guidance and support to come up with an immediate plan. Explaining a resident's temporary absence or reduced workload to the resident group, some of whom have to pick up their duties, depends on the nature of the crisis and the resident's willingness to share their difficulties with the resident group. This is complex and decisions are best approached on a case-by-case basis, often with the input of select training program leaders and current supervisors. The chief residents can also have a key role in some situations. The balance is between keeping the resident's situation as confidential as possible, while

making sure that the needs of the resident and the clinical needs of their patients and the resident call schedule are appropriately addressed.

Mentoring and Disciplinary Issues

The dual role of the residency program director makes mentoring and boundary issues complicated. For residents who function well in the program and make time to contribute to the program while supporting their fellow residents, relationship boundaries can be broader. For residents who struggle in their training and require a lot of support, and especially those who may face disciplinary measures by the program, monitoring and separating specific roles with boundaries becomes very important. For example, if a resident is disciplined and appeals the decision, some residents will choose to focus on their relationship with the program director as the primary issue, rather than focusing on their own difficulties with knowledge, skills, or relationship issues. While the program director must be supportive of the resident who is struggling, it is best for that resident to have other experienced faculty providing supervision and evaluation of the resident's skills, as well as a separate faculty member or chief resident providing advocacy. This allows for separation of the disciplinary and evaluation and advocacy roles, protecting the resident, the program director, and the program. During a disciplinary process, a good program director not only outlines specific problems and the goals the resident needs to reach but also outlines specifically what the training program will do to help the resident to succeed.

Mentoring the Disruptive Resident

The infrequent resident with a difficult personality and a seeming need to defy training program leadership and to create a split between the program director and the residents is the most difficult problem an education leader must face. Initially, it is important to understand the perspective of the resident and to see whether open and clear communication can solve some of the issues. If that fails, limits may have to be set. In these situations, the program director will need the support of the training team and department leadership (education vice-chair and/or department chair), and possibly support from Risk Management and/or the Designated Institutional Official (DIO). Distancing the program director from any roles supervising or grading the resident's performance will help protect everyone involved. If disciplinary procedures are needed, program directors should never meet with a resident alone. Include the resident's advisor/mentor, another program director from the department, or one of the department leaders. Have the Graduate Medical Education (GME) office review any written disciplinary procedures and edit any letter of corrective action or probation letter. Procedures for managing resident performance issues are described in more detail elsewhere in this book (see Chap. 18). One of the most difficult problems in this situation is that the program director cannot say a word to the resident group about the problem resident, while the resident can say whatever they please. This can lead to "splitting" sides within the program. If the resident group confronts the program director about the situation, of course, he/she has to let the residents know that they are not allowed to talk about individual residents with the group. However, the program director is allowed to talk, in general terms, about their desire for every resident to succeed, about the types of help that any resident in the program can/will receive if they ever struggle, and the disciplinary process which involves many layers and chances to find the correct course. Leadership does not always mean confronting splitting head-on.

While some disruptive residents fail to function well in their program, others perform well clinically, and do well in exams. It becomes clear that they are on track to graduate, despite the frustration of the training team, the chief residents, and/or their resident colleagues, because they are talented. The training team may be frustrated because problems of professionalism are corrected just enough to get by, the resident peers may feel that the disruptive resident has not been

honorable or fair in covering on call duties, and the chief residents may be disappointed with the effects on the resident group. The key for the program director is to not let themselves act on a desire to punish the disruptive resident beyond a measured response to individual incidents. The need to punish out of frustration may backfire into additional investigations or a civil lawsuit, creating a forest fire out of a brushfire. A steady ship, a measured response, and time will provide the best response.

How Does Mentoring End?

Mentoring may end when the mentor refers the resident to a new mentor who has the right experience to help the resident with their new career goal or specific skill set (Example: a resident becomes very interested in eating disorders). In many cases, when the fit was never good between the mentor and mentee, or when their interests have diverged too much, neither unsatisfied party makes the effort to schedule, so the relationship fades. Some mentoring relationships continue on after graduation, especially if the mentee joins the faculty, wants help transitioning into practice, or will continue to work with their mentor on research. Still other mentor–mentee relationships morph into collegial relationships and sometimes close friendships. The colleague who was the mentor brings more experience and savvy to the relationship, but the young faculty member has more recent training in new psychotherapeutic or psychopharmacologic techniques, is typically better with new technology, and brings experience working in other hospitals or clinics associated with the training program.

Mentoring Failures

Current studies indicate that mentoring failures result from personality differences, communication difficulties, lack of commitment from either person, or mentors who lack experience. Most of our knowledge of failed mentoring comes from a study of faculty mentees, which may or may not be applicable to resident mentees [10]. In some research mentorship relationships, failure can also result from competition (actual or perceived) and occasionally from intellectual property disputes. In the hierarchy of medicine, it might be difficult for a resident to leave a mentoring relationship that is not helpful, or to change mentors. The program director or faculty member leading the mentoring program needs to help residents transition to a mentor who is a better "fit," in a way that does not stigmatize the previous faculty member or resident for the failed relationship.

Future Directions

Research on how we educate and mentor residents must develop to match other areas of research at academic institutions. Educational research should have equal status with other types of important research and should count towards promotion. Future research on mentoring should include a control group not receiving formal mentoring, or at a minimum, a comparison group [19]. For example, an informal assessment of the status of a program could begin the year before a formal and well-organized mentoring program begins, as a means of comparison. In addition, different approaches to mentoring should be compared. We also need to learn more about how to prevent mentoring failures.

Since mentoring is an important component in all of health care education, and in many professions outside of medicine, including business workplaces, we need to continue to monitor the research done outside of psychiatry departments, outside of health sciences, in many other settings. The future of mentoring research should consider multidisciplinary approaches and sound study designs. Designing a mentoring study across multiple medical schools, by involving

departmental and school leaders, might yield the kind of large scale and detailed studies that will help us to learn more about the specific components of mentoring that are the most effective.

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