Journal of Clinical Psychology in Medical Settings (2022) 29:557–569
https://doi.org/10.1007/s10880-022-09893-6

The Nature and Evolution of the Mentoring Relationship in Academic Health Centers

Sarah E. M. Hill[1] · Wendy L. Ward[2,3] · A. Seay[2] · J. Buzenski[4]

Accepted: 1 June 2022 / Published online: 27 June 2022

Abstract
Mentoring has a long tradition in academic health centers, and from an institutional perspective can positively impact retention, wellness, promotion success, work satisfaction, and more. On the individual level, mentorship can provide professional growth and personal satisfaction for both participants. However, mentors may struggle with how to build their mentorship skills, navigating challenges with mentees over time, or if/how/when to conclude a mentor–mentee relationship. Mentees may not understand how to find a mentor, what the nature of that relationship is, or what their role is (what characterizes a "good" mentee). As important as mentorship is, it can be challenging for both to find and maintain a high-quality mentor–mentee relationship. This article reviews the qualities that are most critical in developing a successful mentoring relationship, the longitudinal nature of this relationship, common problems that arise, and the potential rewards that exist for each person involved in the relationship.

Keywords Mentoring · Mentor · Mentee

Introduction

Throughout the history of academic health centers, mentoring has been a vital element for interprofessional faculty growth and development. It is a teaching and learning opportunity for the mentor and mentee alike and can serve to increase professional and personal satisfaction for both participants. For mentees, the result of successful mentoring relationships is strategic career planning, career advancement and/or promotion, greater feelings of work satisfaction, increase in motivation to continue in academic medicine, and personal growth and improvement (Dimitriadis et al., 2012; Goldner & Ofra, 2009; Williams et al., 2004). These benefits to both mentees and mentors are seen in physicians (Crites et al., 2022), nurses (Evans et al., 2020; Ortiz, 2021), dentists (Al-Jewair et al., 2019), pharmacy (Biehle et al., 2021), psychologists (APA Presidential Task Force, 2012), and other health professions (Henry-Noel et al., 2019). Further, the positive benefits of mentoring programs are seen across undergraduate (Evans et al., 2020), graduate (Gitlin & Lypson, 2017; Wettemann, 2021), medical students (Altonji et al., 2019), nursing school (Clement & Welch, 2021), advanced training such as residents and fellows (Dawkins & Grier, 2021), and faculty (Cranmer et al., 2018; Ortiz, 2021). The benefits of a mentoring relationship may be particularly helpful for those in underrepresented groups in academic health centers such as male nurses (Ortiz, 2021), female pharmacists (Biehle et al., 2021), female physicians (Marshall et al., 2020), racial minority groups (Dawkins & Grier, 2021; Mokel et al., 2022).

From an institutional perspective, successful mentorship relationships lead to joint high levels of engagement and work satisfaction, improved recruitment and retention of interprofessional faculty, enhanced belief in the institution's commitment to its faculty, publication success, increased grant acquisition rates, and successful promotion/career development (LaFleur & White, 2010; Ward et al., 2020;

✉ Wendy L. Ward
wward@uams.edu

[1] University of Arkansas for Medical Sciences, College of Medicine, Little Rock, AR, USA

[2] Department of Pediatrics, University of Arkansas for Medical Sciences, College of Medicine, Little Rock, AR, USA

[3] Academic Affairs, University of Arkansas for Medical Sciences, College of Medicine, 4301 W. Markham #849, Little Rock, AR, USA

[4] Department of Pediatrics, Emory University School of Medicine and Children's Healthcare of Atlanta, Atlanta, GA, USA

Yehia et al., 2014). These results are true for colleges of medicine (Crites et al., 2022), nursing (Brook et al., 2019), as well as in community-based primary care professionals (Shtasel et al., 2015).

For clarity, the term "mentoring" used in this manuscript is a process that serves a functional purpose (working toward career success) (Crites et al., 2022; Ward et al., 2020) but is inherently flexible and can vary in its form and function (APA Presidential Task Force, 2012). Mentoring can further be described as a complex relationship based on mutual interests, both professional and personal (Sambunjak et al., 2010). Mentoring can be distinct from sponsoring (advocating for a faculty member for a particular role or other opportunity), supervising/precepting (which focus on clinical skills and the provision of care), onboarding (orientation and adjustment to duties/resources, etc.), research advising (focusing on a research project or series of projects), counseling (a relationship addressing clinical symptoms utilizing therapeutic techniques), or consulting (limited role to provide insight or specific skill development) (Crites et al., 2022; Ward et al., 2020). An individual can serve in all or some of these roles at different times. In its purest form, a mentor explores strategic career development in a supportive manner that facilitates mentee growth and provides mentor satisfaction and a sense of fulfillment (Crites et al., 2022; Ward et al., 2020).

A review of the literature on mentorship and mentoring programs in academic health centers is beyond the scope of this manuscript and two recent systematic literature reviews can be found (Crites et al., 2022; Kashiwagi et al., 2013). Systematic reviews also exist regarding the role that mentorship can play in: prevention or intervention of physician burnout (West et al., 2016), development of teaching skills for new clinical preceptors (Ahmed et al., 2016), and serving the unique mentorship needs of underrepresented minority faculty (Beech et al., 2013; Rodriguez et al., 2014) and/or women faculty (Farkas et al., 2019) in their career development. A systematic review of the meaning of mentorship to the individuals involved and the ideal characteristics of mentees and mentors exists but is outdated (Sambunjak et al., 2010).

As important as mentoring is, it can be challenging to find and maintain a quality relationship. Some mentoring relationships develop informally, through intentional or coincidental networking or social gatherings (Ward et al., 2020). Other mentoring relationships are created and maintained as part of a mentoring program (i.e., Cranmer et al., 2018). Different mentoring program structures exist (one-to-one dyadic pairing, peer or near peer pairing, mentoring circles with one or two mentors and multiple mentees, mentoring committees with one mentee and multiple mentors, etc.) as well as approaches to pairing mentors and mentees (more details below) (Crites et al., 2022). Mentoring contracts are common and clarity of program goals and participant expectations is recommended (Ward et al., 2020). Goals of the relationship may include promotion success, how to publish, how to write grants, general support/job stress, work-family integration, networking, teaching skills, etc. (APA Presidential Task Force, 2012; Crites et al., 2022). Mentee characteristics differ among programs (rank, track, or a variety of demographics) (Crites et al, 2022). Some groups may benefit from mentorship more than others (i.e., women, ethnic, LGBTQ+, cultural or racial minority groups, etc.). Guidance for how to design, implement, and evaluate a mentoring program exists (Ward et al., 2020). This book chapter summarizes that "Mentoring programs have been linked to recruitment, engagement, beliefs in the institution's commitment to its faculty, professional wellness, retention, and career success" and that successful programs intentionally align intended goals for participation between mentor and mentee.

Little is written on the evolution of the mentoring relationship over time (or how it might end). This article builds upon the existing literature in three ways: reviews the qualities that are most critical in developing a successful mentor–mentee relationship and the potential rewards for each participant (both as an update to Samburnjak et al., 2006's review) and explores the longitudinal nature of this relationship and ways the relationship evolves, common ways it can be derailed, and how it may conclude.

Mentor Qualities

An effective mentor is most commonly described as available, approachable, experienced, supportive, trustworthy, enthusiastic, encouraging, and an active listener (Goldner & Ofra, 2009; Lin et al., 2013; Omary, 2008; Thomas-McLean et al., 2010; Tor et al., 2011). A mentor's past experience and knowledge (Thomas-McLean et al., 2010) and being a good role model for a mentee is essential (Aagaard & Hauer, 2003). Mentors provide both wisdom and guidance as well as encouragement and moral support (APA Presidential Task Force, 2012). Mentors may also assist with tactical networking and the navigation of professional settings/organizational structures. In addition, a mentor's ability to facilitate the development of a mentee as part of a positive process—not just providing advice, or challenging them but facilitating the mentee's own self-reflection and growth—is critical (Taherian & Shekarchian, 2008). Research also highlights the importance of a mentor being trustworthy, making the mentee feel safe within the mentoring relationship (Goldner & Ofra, 2009; Lin et al., 2013). Further, a mentor who collaboratively approaches goal-setting with mentees can be most effective (APA Presidential Task Force, 2012). If these personal characteristics and interpersonal communication skills are lacking, communication can be hindered,

making it difficult for the relationship to progress. When present, an open, honest, and healthy mentoring relationship is facilitated (See Table 1 for a summary of effective mentors' characteristics).

Mentee Qualities

Mentee qualities are equally important to the relationship (See Table 1 for a summary of effective mentees' characteristics). Characteristics of a good mentee include being proactive, committed, willing to learn, excited, open-minded, and communicative (Thomas-McLean et al, 2010; Williams et al., 2004). Additional positive descriptors of a mentee include being hard-working, reliable, and inquisitive (Melanson, 2009) with a generally positive and respectful demeanor, active listening, ethical behavior, and the ability to set boundaries and adhere to them (American Psychological Association [APA] Presidential Task Force on Mentoring, 2012). Likewise, a mentee's availability and approachability are essential to a good mentoring relationship, with an openness to instruction and the ability for self-awareness and reflection that helps the mentee identify questions for mentors and skill deficits that have growth potential with guidance (APA Presidential Task Force, 2012; Omary, 2008). In the long run, a mentee that is communicative is more likely to find success than one who is reserved and demonstrates limited communication. Research indicates that personality can play an important part in the mentoring relationship, such that shyness and limited initiation by a mentee are inversely correlated with mentoring success (LaFleur & White, 2010). A mentee who initiates contact as needed and has a good understanding that a mentor's time is extremely valuable will produce a more productive and balanced relationship with their mentor (Williams et al., 2004). Finally, open-mindedness, flexibility, and acceptance of feedback are also thought to be essential to being a good mentee (Melanson, 2009). Without full mentee participation, the onset of the potential benefits of the mentoring relationship may be delayed and the relationship may not progress to its full potential.

Table 1 Characteristics of effective mentors and mentees

Mentor qualities	Mentee qualities
Role-model for mentee	Proactive
Available	Committed
Approachable	Willing to learn
Experienced	Excited
Supportive	Open-minded
Provides wisdom	Communicative
Shapes skills	Self-aware and reflective
Facilitates growth	
Trustworthy	
Active listener	
Enthusiastic	
Encouraging	
Pass on lessons learned	
Collaborative	
Actively facilitates networking	

Benefits of the Relationship

There are a myriad of benefits associated with the mentoring relationship. For mentors, they may learn valuable lessons from their mentees related to new perspectives, technologies, methodologies, and/or emerging issues (APA Presidential Task Force, 2012). Mentors also gain new insights and perspective, increasing in self-esteem, continued self-development, gaining peer recognition for mentorship skill, being recognized as an institutional leader, and satisfaction from influencing the next generation (Ward et al., 2020). Mentee perception will likely change throughout the relationship, as they grow professionally and emotionally in a positive learning environment, gaining valuable experience and knowledge from the mentor's experience and expertise, develop skills, and build confidence and a sense of self-efficacy as their professional identity solidifies (Ward et al., 2020; Williams et al., 2004). Institutions benefit from the success of mentees (promotion success, publication success, grant acquisitions, high-quality teaching, high-quality clinical skills and service, etc.), as well as the impact that mentoring programs can have on the workforce—higher levels of engagement, work satisfaction, retention, and wellness (LaFleur & White, 2010; Ward et al., 2020; Yehia et al., 2014). Having happy faculty whose careers are growing suggest a culture that supports faculty vitality and assists with recruitment efforts as well.

Relationship Development

This section will provide an overview of the development of the mentor/mentee relationship over time (See Table 2) and contextual issues within which the relationship may occur.

Pre-match Stage

Finding a good match is the first step in developing a successful mentoring relationship, and it can be extremely challenging. As mentioned above, mentors and mentees may meet informally or through a formal mentor program. Pairing processes may be informal where mentees search for individuals with career success and serve as good role models, making their own choices. Mentors search for talented mentees who are open to feedback. Mentors may interview prospective mentees looking for characteristics previously

Table 2 The progression of a mentorship

Time period	Mentor	Mentee	Both
Initiation	Choose or be paired with an appropriate mentee Get to know the mentee	Learn to say no Learn to ask questions Learn to ask for help Get to know the mentor	Define goals, expectations, boundaries Review confidentiality standards and limitations Sign contract/agreement
Cultivation	Help with career planning and developing professional skills Advise on balance of work and personal life Teach. Advise. Facilitate Promote increasing independence	Accept and apply mentor's advice Learn. Grow skills and confidence Professional identity formation	Create and maintain trust and an emotional connection Track progress Regular meetings
Transition	Support mentee in moving towards independence Highlight growth achieved	Be gracious towards mentor for time spent and lessons learned	Prepare for termination of relationship Reflect on progress made and goals achieved Stay in contact
Redefinition	View mentee as colleague	View mentor as a colleague Apply knowledge to become a mentor themselves	Phase out peaceably Hold fond memories of the relationship

outlined before committing. Similarly, mentees may review potential mentors' qualities and skills as well as their history of effective mentoring. Though not essential, finding a good "match" of personality and interaction style is helpful as a starting point upon which one can build a healthy relationship (Fleming et al., 2013). Similarity in area of expertise/department, gender, race, and personal interests may be important for some mentees (Carapinha et al., 2016). Thus, formal mentoring programs often apply a pairing process, linking individuals based on shared interested, matching needs with expertise, demographics, or other variables. Mentoring programs often include both a mentor and mentee training component to clarify expectations of each and objectives of the mentoring process (APA Presidential Task Force, 2012). Additional specific content of these training programs depends on the purpose of the mentoring program (overall career success, promotion, or a specific skill set like teaching or research). The first dyadic interaction is typically focused on exploring the relationship possibility and evaluating the appropriateness of the match.

Initiation Stage

Once the match is made and accepted, it is important to define goals and roles within the relationship during the early stages of the relationship (Fleming et al., 2013). We refer to this stage as "Initiation Stage" consistent with language utilized elsewhere (APA Presidential Task Force, 2012). Having an orientation session for mentors and mentees help with expectation setting (Ward et al., 2020). The orientation often includes guidelines regarding frequency of meetings, boundaries that should be set and maintained, goal-setting tips, and potential topics for discussion. Typically programs have a contract, recommend one meeting a month, and specify the mentee as the responsible party to initiate meetings (APA Presidential Task Force, 2012). Of course, mentor success in academics does not guarantee high-quality mentoring skills (Ward et al., 2020). Training mentors is key, particularly in evidence-based approaches such as deliberate instruction, thought-provoking questions, active listening, specific and intentional praise and reinforcement, constructive criticism, conflict resolution skills, how to create psychological safety, modeling, role playing, advising leading to learning, etc. all while maintaining confidentiality and building trust.

During this initiation period, it is ideal for the mentor to foster an environment where the mentee feels safe, supported, able to ask questions, and seek help as needed during the course of the mentoring relationship (Palmer, 2019). Both adhering to the rules of mentorship etiquette is also beneficial, such as a stance of mutual respect which can serve as a "social lubricant for mentoring" (APA Presidential Task Force, 2012). Overall, this early stage of the mentoring relationship is crucial for setting the tone for the progression and evolution of the relationship.

Cultivation Stage

The cultivation stage is the primary stage of growth and development (APA Presidential Task Force, 2012). As the mentoring relationship develops, interpersonal comfort and trust grows and open communication increases (Palmer, 2019). Despite busy schedules, it is important to foster this comfort and ease in the mentoring relationship with regular meetings. In the context of this supportive and trusting relationship with open bi-directional communication, feedback is given and received easily. In this way, the relationship could be thought of as a series of significant conversations

building upon each other as a deepening collaborative relationship (Dorland et al., 2019). This ongoing relationship development allows for continued mentee growth and trust, and agile responsivity to emerging questions and concerns which can facilitate discussion of both short-term and long-term goals and career planning (Fleming et al., 2013). Regularly scheduled mentorship meetings should continue to expand as the relationships grows.

During the cultivation stage, key topics are typically discussed such as how to work effectively and efficiently, resilience and how to survive and thrive, building knowledge in the field to the point of expertise, and tactical networking with a goal of maximizing visibility of the mentee in the field (APA Presidential Task Force, 2012). A number of additional potential topics including publication skills, grant writing skills, teaching skills, strategic career planning, and leadership skills may also be discussed (Crites et al., 2022). Assessing a mentee's perception of their progress and professional growth and whether they feel they are on track can also be valuable to explore at this stage in the mentoring relationship (Yehia et al., 2014).

Transition Stage

The amount of time mentors and mentees stay in this stage of deep engagement and learning is not limited; however, the relationship does continue to evolve. Typically a slow reduction in the need for guidance and knowledge occurs, skill development achieves competence or expertise level, confidence builds, professional identity solidifies, and they become regarded by their mentor as "colleagues" after this occurs (Holmes et al., 2010). The mentor and mentee may keep in touch and occasionally see each other, remaining friendly and supportive, despite not meeting as mentor/mentee. Conversations may become more informative rather than strategic or consultative. Sometimes, the mentor and mentee drift apart and although the relationship is remembered and benefitted from, they may no longer communicate. It is important to acknowledge the time when the relationship has reached its conclusion or transition to avoid a lack of closure. The last meeting should include a reflection on the mentorship given and received, from both participants' perspectives, including key takeaways (Provost, 2020). The last meeting could also include discussing future growth opportunities and the ideal of continuous learning as well as thanking each other for their time, engagement, and contributions in a mutually positive relationship.

Redefinition Stage

Following this transition phase is a period of redefinition (APA Presidential Task Force, 2012). The mentor and mentee acknowledge that their relationship continues not as mentor/mentee but as colleagues and perhaps even as friends. The focus of conversations are no longer the mentee's growth and development. The mentee may feel they no longer need mentorship but more often they then search for a new mentor with a different skill set to support their continued growth process. They also may consider the role of mentor for themselves. Mentors may take on new mentees as well.

Contextual Issues

It is always possible that the mentor has many mentees, each of which is in a different stage of the mentoring relationship. Mentors can serve the same or different purposes for different mentees dependent on the needs of the mentee and aforementioned agreed-upon goals of the relationship (e.g. a focus on strategic career planning for one and on work-life balance for another) (APA Presidential Task Force, 2012). As noted above, mentors may be senior colleagues, peers, near peers, etc. and this relationship has an impact on the foci of the relationship and topics of discussion (APA Presidential Task Force, 2012). It is equally possible that each mentee has multiple mentors with whom they are working on diverse goals at different stages in the mentoring relationship (Baugh & Scandura, 1999). At some point, when they feel comfortable and confident, a mentee is encouraged to take on his or her own mentee, agreeing to provide mentoring though they still may be receiving mentorship from others (APA Presidential Task Force, 2012). Thus, individuals may take the role of both mentor and mentee at the same time. Mindfulness of the strengths and weaknesses of oneself in those different roles can improve all those relationships, and developing a keen ability for self-monitoring and reflection can be helpful. Research shows that understanding of one's identity in both roles can result in positive personal development (Dorland et al., 2019).

When Problems Arise

As in any other type of relationship, the ideal progression of the mentor–mentee relationship may not occur. Problems may arise (from small to extensive), causing tension and at times leading to the termination of the relationship (Eby et al., 2008). Chopra et al. (2016) go so far as to define these problems as "mentorship malpractice" but the potential for problems in the mentoring relationship are not limited to those caused by mentors. In fact, the most common problems include transition difficulties, mismatched personalities (Fleming et al., 2013; LaFleur & White, 2010), poor boundaries (Chopra et al., 2016), or confidentiality breaches (Chopra et al., 2016; Taherian & Shekarchian, 2008), medical or psychological concerns for either the mentor or mentee including burnout or negative relational patterns (Eby

et al., 2008), mentor bias (Johnson et al., 2017), geographical relocation, Taherian & Shekarchian, 2008), and limited contact/limited evolution of the relationship (Leary et al., 2016). This section will present these areas of concern (See Table 3).

Transition Difficulties

Transitioning from the cultivation phase to the transition phase can be very difficult for some mentors and mentees. If the transition to colleagues is not agreed upon and accepted by either party, this stage can be stressful. Mentees may wish to transition before mentors feel they are ready, leading to difficult conversations regarding each party's benchmarks for readiness to transition. Mentors may feel betrayed or used if the mentee no longer seeks their counsel or support. Alternatively, mentees may feel abandoned, betrayed, or unprepared if they perceive the separation to be premature. Poor boundaries can contribute to a lack of readiness for transition, such as mentee dependence on a mentor or a mentor's exploitation of a mentee's time and talents to support their own career (as noted below).

Prevention strategies begin in the initiation phase and include clarity of goals, expectations for the relationship, and benchmarks for readiness for transition. Noting progress, identifying new goals, or approaching the achievement of goals during the cultivation phase allows preparedness for transition to become a part of the active work prior to entering this phase and allows both parties to reflect, discuss differences in their perceptions of readiness, and emotionally prepare.

Personality Match

In the case of mismatched personalities, the mentor and mentee may have difficulty achieving the level of connection and communication necessary to make the mentoring relationship a success (Thomas-McLean et al., 2010). As an example, conflict-avoidant personality may inhibit conversations that lead to professional growth (Chopra et al., 2016). Other personality problems or simply the mismatch of interpersonal styles can result in both parties remaining distant from or disjointed from one another, impeding bonding and limiting their ability to discuss feedback openly and receive it positively. Careful evaluation of potential mentors and mentees prior to committing to the relationship can reduce the risk of this occurrence. However, even with careful screening, the mismatch may not become apparent until after initiating the mentoring relationship. If this is recognized early, it is best to acknowledge this concern openly and honestly, either working actively to resolve the issues that are present (e.g., looking for similarities can reduce the relative weight and impact of perceived differences, addressing the need for more time in getting to know each other, acknowledging the use of different communication styles and identifying a compromise to support the relationship, or other ways to overcome the mismatch) or dissolving the relationship. In both scenarios, it is important to do so in a way that is respectful, kind, and protects each individual's interests. If the problems are ignored, it can create more tension and resistance in the relationship, leading to passive avoidance, negative communication, or unspoken frustration from either individual. Recognizing whether or not an individual is an ideal match for you is not necessarily based on any judgements about overall level of performance or skill; rather, it is based simply on personality compatibility or incompatibility. Both parties may agree to amicably terminate and find alternate individuals with whom to build a mentoring relationship.

Professional Boundaries

Maintaining professional boundaries is important throughout the mentoring relationship. Most commonly discussed in mentor training is the need to avoid flirting and sexual involvement (Young et al., 2006). However, the issue of boundaries is much broader than inappropriate sexual behavior. Boundaries, roles, and expectations should be defined clearly and early in the initiation phase (and reiterated as needed). In addition, physical boundaries (maintaining the roles as professional in nature, discussing the degree to which physical touch like a hug is acceptable to each, etc.), time boundaries (setting times for meetings and attending/concluding promptly, limiting between-meeting contacts to rare emergencies, etc.), conversation boundaries (which topics will be the focus, and which may not be discussed as either irrelevant or inappropriate in a mentoring context), relationship boundaries (establishing the mentor/mentee relationship is close and may involve mutual personal disclosures but is not a friendship). Other forms of professional boundary issues include inappropriate jokes, insensitive comments, inappropriate settings or activities for meetings such as drinking or meeting alone together at someone's home (Chopra et al., 2016; Taherian & Shekarchian, 2008) as well as over- or under-expecting from each other (APA Presidential Task Force, 2012). Mentors may be jealous when their mentees succeed. A mentee's reputation may be tarnished if their mentor engages in poor behavior, struggles to obtain funding, or is not publishing as expected. Likewise, a mentor may be viewed negatively if their mentee is not engaging in professional behavior or performing as expected. Poor boundaries can lead to a mentee being dependent on a mentor, asking for management of every aspect of their training and career development (APA Presidential Task Force, 2012). Mentors should encourage critical reflection on issues to enable mentees to find solutions to

Table 3 Potential problems within mentoring relationships

Problem	Prevention	Intervention
Mismatched personalities	Carefully design match pairing process Look for commonalities and celebrate differences	Acknowledge this concern openly, honestly, and kindly Actively listen and adjust expectations of each other Work to resolve the issue (e.g., addressing the need for more time bonding, use of different communication styles, or other ways to overcome the mismatch) Consider possible termination of relationship amicably
Mismatched perceptions of mentee transition readiness	Expectation setting including goals, benchmarks for readiness to transition Note mentee progress periodically in relation to benchmarks for readiness to transition	Acknowledge this concern openly, honestly, and kindly Actively listen and adjust expectations of each other Work to resolve the issue Co-design a plan to meet both party's expectations for transition readiness
Poor boundaries	Set clear expectations in orientation and contract Discuss boundaries at the beginning of the relationship and periodically thereafter Model professional behavior Protect confidentiality of both parties Avoid matching a mentee with their supervisor as mentor Hold both parties to the highest ethical standards throughout the duration of the relationship Provide mentorship only in area(s) of expertise. Suggest other mentors with the needed expertise Do not overcommit to too many mentees/mentors Be thoughtful and sensitive about each other's feelings and time Do not delegate work to trainees (or expect work from mentors) unless mutually agreed and serving a specific purpose Do not make personal requests of each other Do not micromanage the mentee Do not take rejection of a request or difference of opinion personally Mentors provide advice, not dictate actions. Mentees received advice, but do not expect mentors to make decisions for them Avoid dependence of the mentor on the mentee, promote increasing independence Learn to resolve problems and issues independently of the mentor Clear process for earning (mentee) and providing (mentor) a recommendation letter Identify a consistent place to meet Identify goals and topics to focus on	Refer to initial discussion of role clarity and boundaries as well as orientation and contract Acknowledge this concern openly, honestly, and kindly Actively listen and adjust expectations of each other Work to resolve the issue Consider possible termination of relationship Consider external consultation or reporting boundary issue to mentoring program director and/or mentee supervisor
Confidentiality breaches	Set clear expectations in orientation and contract Discuss confidentiality and any limits to that confidentiality (safety concerns, for instance) at the beginning of the relationship Model professional behavior Protect confidentiality of both parties	Refer to initial discussion of confidentiality Discuss this concern openly, honestly, and kindly Acknowledge the impact on trust and the relationship and actively listen to each other Re-establishing clear confidentiality expectations Consider possible termination of relationship Consider external consultation or reporting confidentiality breach to mentoring program director and/or mentee supervisor

Table 3 (continued)

Problem	Prevention	Intervention
Mentor/mentee stress, burnout, mental health, and/or medical problems	Orientation and training on this issue Ongoing informal monitoring of mentor and mentee health and wellbeing Normalizing the experience of stress Ongoing discussion of stress and stress management Model resilience skills Be aware of latest institutional resources and any related policies	Refer to orientation and training Discuss any concern openly, honestly, and kindly Discuss safety concerns and limits of confidentiality Acknowledge any impact on the relationship and actively listen to each other Refer to resources as needed Consult with wellness program directors Involve outside parties such as training directors as needed Create a plan to address concerns Consider pause followed by recommitment of relationship or termination of relationship
Mentor or Mentee Bias	Orientation and contract discuss potential for bias Mentor and mentee training in unconscious bias, cultural competency, mentoring across differences Open discussion about background, limitations of each person's perspective, and need for both parties' awareness and self-reflection both at the beginning and ongoing of the mentoring relationship Ask open-ended questions Give multiple suggestions and let mentee choose what is best for them	Refer to orientation and training Discuss any concerns openly, honestly, and kindly Acknowledge any impact on the relationship and actively listen to each other Refer to resources as needed Involve outside parties such as training directors as needed Create a plan to address concerns Consider possible termination of relationship
Lack of relationship evolution	Attention to relationship-building in orientation and training Thoughtful pairing process (random, needs matched to expertise, based on a category of import, other) Utilize mentors who have availability and whose schedules match mentees Clarity in expectations and goals from the outset Open discussion about the relationship evolving over time (avoid pressure to disclose) Limit geographical distance in pairs or utilize video conferencing with occasional in-person meetings Keep regularly scheduled meetings Make sure mentorship program has sufficient support/resources and mentor has sufficient protected time Track mentorship quality and provide ongoing training or intervention as needed Create an institutional culture that values mentorship	Refer to orientation and training Discuss any concerns openly, honestly, and kindly Acknowledge status of the relationship and actively listen to each other Ongoing personal reflection and collaborative discourse about the relationship Refer to resources as needed Involve outside parties such as training directors as needed Create a plan to address concerns Consider alternative mentorship model (group, peer-to-peer, near peer, committee, etc.) Consider an amicable termination of the relationship where appropriate

their own problems and promote supported independence (Taherian & Shekarchian, 2008). Poor boundaries may also lead to a mentee asking for personal favors or expecting involvement and credit in the mentor's work.

The power differential between a mentor and mentee can also be an issue when the mentor's position, relative to the mentee, is superior in status or power. Active forms of mentor boundary breaches would be abuse of mentee's academic and intellectual security; for example, shifting the power-dynamic in benefit of the mentor (Chopra et al., 2016). A mentor has the power to positively or negatively affect the mentee's career development and success through their influence. Role conflict can occur (a mentor having both supervisory and mentorship roles, for example). It is recommended that mentors not have a supervisory or managerial role whenever possible or otherwise involved in grading or assessing the mentee's performance (Taherian & Shekarchian, 2008). Some mentoring programs require mentors to not be the mentee's supervisor to avoid conflicts of interest between trainee needs and departmental needs as well (i.e. Cranmer et al., 2018) and others promote a near peer or peer mentoring structure to reduce power differentials.

Prevention strategies include having boundaries, roles, and expectations clearly defined in the initiation stage in a discussion, orientation, and/or contract signed by both parties (Crites et al., 2022). It is recommended that mentors and mentees discuss these again if a point of conflict or confusion arises, and each person should be willing to resolve that issue. The mentor should model and discuss professional boundaries openly in all stages of the mentoring relationship especially if the relationship transitions to friendship or colleagueship in the transition stage (APA Presidential Task Force, 2012). The mentor should provide mentorship only in area(s) of expertise and suggest other mentors or sources of instruction as needed. Mentors should not use mentees to further their own career, nor to delegate their own workload unless the experience benefits mentees in some clear way and is mutually agreeable. Mentor's should not take credit for mentee's work though collaborative work and shared credit may occur. Mentors should also not overcommit to too many mentees. It is also recommended that mentees should not be ignore or tolerate poor boundaries in the relationship (Chopra et al., 2016). Mentees should not expect their mentor to be available at their whim nor that their mentor will guarantee inclusion in a grant or writing project nor necessarily a positive recommendation letter. Having a process for requesting a recommendation letter that allows for a mentor to decline can be helpful in this regard.

Confidentiality Breaches

The mentor/mentee relationship by its definition connotes self-disclosure (sharing problems, concerns, issues on the part of the mentee and sharing hard-won lessons learned on the part of the mentor). Both parties should agree to protect confidentiality, and avoid any gossiping or breaches of this trust. Inappropriate disclosures can negatively affect the nature of the relationship (Chopra et al., 2016; Taherian & Shekarchian, 2008). Content of conversations, goals for professional development, or concerns about performance should be considered confidential and should not be shared with others even supervisors without consent (Taherian & Shekarchian, 2008). This is true for mentors as well, who may disclose sensitive past history. Safeguards of confidentiality are critical for maintaining the integrity of the mentoring process (Taherian & Shekarchian, 2008).

Building shared trust and psychological safety intentionally from the outset of the relationship is critical including but not limited to when confidentiality might need to be breached (at times of concern for the mental or physical well-being of either party) as well as a proactive discussion about social media posts. If an inappropriate comment or event occurs, it is recommended that mentors and mentees either openly discuss the transgression and the feelings it caused and agree on boundaries for future interactions, seek external consultation as appropriate, or consider terminating the relationship (Chopra et al., 2016; Taherian & Shekarchian, 2008).

Physical or Mental Health Issues

Professional wellness, work/life balance (or lack thereof), burnout, stress, and stress-related physical ailments are paramount issues in the healthcare industry (Maslach & Leiter, 2016; National Academy of Medicine, n.d.; Williams et al, 2020) particularly since the COVID-19 pandemic (Walton et al., 2020). It is important for mentors and mentees to be knowledgeable about the signs and symptoms of these concerns, common contributing factors, resiliency strategies, and institutional policies and resources (APA Presidential Task Force, 2012). Mentors should not embark on mentorship of others if they are feeling emotionally exhausted, cynical, detached from their work, and/or have a sense of ineffectiveness, which are common symptoms of burnout. Mentees exhibiting stress or approaching burnout may benefit from mentorship, but when mental health conditions (depression, anxiety, or other mental health disorders) are present they may be unable to meet basic expectations of being a mentee. If the mentor or mentee develops mental health concern after the relationship has started, the mentoring relationship can be a source of support or can suffer and disintegrate. Similar issues can arise from a physical condition. For example, a diagnosis that results in absence from work or significant physical exhaustion or other symptoms

may impair a mentor or mentee in their ability to contribute fully to a mentoring relationship.

Open discussion regarding how the mental health condition may impact the mentoring relationship is key. In some cases, a plan of action can be developed and the relationship may continue with support and encouragement. Other times, the mentoring relationship may need to be paused until the condition improves or the period of distress ends. Alternatively and following honest communication about the concerns, the relationship may need to end permanently. In any case, resources can be provided if significant issues are identified by either party.

Major medical or mental health issues are not the only concern, more minor challenges or frustrations can also be detrimental. To a mentoring relationship despite the best planning and intention, a mentor or mentee who has had a stressful day can provide or receive feedback in a less than ideal manner. A mentee or mentor can become distracted by other duties or stressed and may be behind in their work and/or start to passively avoid meetings. Gossiping, cynicism, or making negative comments about other colleagues or students may take place when interactions have otherwise been professional. It is important to recognize that while an occasional lapse in judgement can occur, it should be followed by a review of professionalism, resiliency skills, and appropriate etiquette in an open conversation about feelings related to the event. It can be helpful to review goals, boundaries, and expectations and to determine the willingness of each party to recommit to established standards. If a negative pattern continues, further discussion and an agreement on the plan moving forward is necessary, which may even include referral for treatment or other resources, consultation with a third party, and/or termination of the relationship.

Mentor or Mentee Bias

Our past experiences as well as commonly held stereotypes create filters through which we understand and interpret human relationships (D'Costa, n.d.). Unconscious biases are thus inherent in the cognitive processes of all humans and would inevitably impact mentoring relationships. Personal histories and experiences result in different perspectives. Mentors may be older, in more mid- or senior-career stage, and in leadership roles. They may or may not have been faced with similar challenges as their mentees who may be younger, trainees or early career professionals, and not in leadership roles. Advice from mentors is often based on their own experiences, assumptions and beliefs but may or may not hold true for mentees. While hearing stories of positive solutions or lessons learned from mentors may be helpful, another useful way to facilitate learning and growth is for mentors to ask more open-ended questions or to present multiple options to the mentee for their consideration. The differences in experiences or the length of time since they were faced with similar challenges may limit their ability to emphathize or relate to those experiences (D'Costa, n.d.). Openly discussing similarities and differences in backgrounds and experiences at the outset of the relationship (in the orientation, contract, and initial visits) can help set the stage and ongoing discussion as needed can provide an open forum for mutual awareness of biases as they arise which will reduce the risk these biases negatively impact the outcomes of the mentoring relationship for either mentor or mentee (Taherian & Shekarchian, 2008).

Social forces and interpersonal dynamics can compromise mentoring relationships (Osman & Gottlieb, 2018). This is especially in the context of structural disadvantage due to racism, gender bias, social class, and other discriminatory factors. A workshop titled "Mentoring Across Differences (MAD)" has been found to assist mentors and mentees in developing skills, self-awareness, and mindful mentorship sessions (Osman & Gottlieb, 2018) are a workshop designed to develop and nurture skills, confidence, self-awareness, and mindful practice in mentors and mentees and allow them to navigate differences across a variety of domains successfully.

In addition, the affinity bias can influence the mutual selection process of mentors and mentees. Mentors and mentees often seek mentors who are similar to them—perhaps in gender, race, ethnicity, culture, religion or sexual orientation (D'Costa, n.d.). Furthermore, mentees can identify with particular mentors who have values, attitudes, and experiences that the mentee holds or aspires to have (and vice versa). If having a different perspective or area of expertise from your mentor is a goal, self-selection would not be an ideal approach for pairing given this bias. The affinity bias could also limit those underrepresented in healthcare fields as they may not find others like themselves to be their mentors. Research suggests that women and underrepresented minority groups often do not have equal access to professional networks and mentoring relationships that can accelerate their careers (APA Presidential Task Force, 2012).

Biases can occur in many areas, such as related to race, gender, sexual orientation, etc. Mentors who are not aware and self-reflective in an ongoing manner can fall victim to their own inherent biases. As an example, a study of unconscious racial bias in a sample of pediatric faculty attending diversity workshops found "slight pro-white/anti-black bias" in participants (Johnson et al., 2017). It is important to note that 83% of those participants had leadership roles and 93% were involved in recruitment. This article and others call for high-quality minority mentors to reduce the likelihood of bias. Gender differences (not just male and female but also transgender and nonbinary) between mentors and mentees may also lead to assumptions and bias (Cook et al., 2020). Access to resources like mentoring in academic medicine

settings can be differential based on gender and unconscious gender bias may be present in the mentoring relationship negatively impacting career success and professional wellness (Westring et al., 2016). While many mentees may want and benefit from mentors similar to themselves in whatever category of potential bias is of import to them, some specialty areas have very few mentors of any kind available. A random pairing approach or alternatively a pairing process based on needs and area of expertise may help reduce the affinity bias and improve access to support for women and underrepresented minorities (Miller et al., under review; Ward et al., 2020). It is imperative that mentors and mentees not just be aware of the potential of bias but actively engage in professional development experiences that heighten their knowledge, promote self-refection, and develop skills that reduce the likelihood of bias in their thought processes or interpersonal interactions together. Mentor training focused on building mentor skills in facilitating growth in mentees from underrepresented groups is critical (Johnson & Gandhi, 2015). Ongoing during the mentoring process, personal reflection and collaborative discourse about each party's background, experiences, and potential bias (similarities and differences) will contribute to a deepening of understanding and reduce risk of the negative impact of bias on the relationship or its outcomes (Cook et al., 2020).

Lack of Relationship Evolution

A variety of factors may limit mentor or mentee interest in positively fostering the relationship as evidenced by delays in feedback or lacking face-to-face time due to physical unavailability (Chopra et al., 2016). Mismatched expectations between mentor and mentee, too few mentors available in the institution, and geographic separation between mentor and mentee are a few (Leary et al., 2016). More difficult to overcome is a low level of institutional support (insufficient protected time, support, resources, or quality assurance of mentoring) (Leary et al., 2016; Sambunjak, 2010) or an institutional culture that does not value or support mentorship efforts (Choi et al., 2019). Some individuals might prefer a different mentorship model (peer mentoring, team/group mentoring, etc.) rather than the traditional dyadic model (Pololi & Knight, 2005) which stalls progress. Institution-level interventions to address culture and resources, as well as individual-level barriers should be identified and openly addressed by both parties. Consider an amicable termination of the relationship where appropriate.

Implications for Psychologists in Academic Health Centers

Psychologists, like other health professions working in an academic medicine context, can benefit from better understanding the nature and evaluation of the mentoring relationship. In addition, psychologists may be uniquely prepared to design, implement, and evaluate mentoring programs. Psychologists have a long history as educators and mentors of trainees and early career professionals both within their profession but also across other health professions (Ward, 2017). In addition, psychologists are well-trained in the scientific method and can assist with designing and evaluating programs with rigor, including capturing both quantitative outcomes (such as perceived mentor effectiveness, knowledge gains, perceived skill-development, satisfaction with the program, and reaching targets such as promotion or publication) and qualitative experiences (psychological safety, impact of bias or lack thereof, culture of confidentiality, impact on professional identity formation, stages of evaluation of the relationship, etc.) (Berk et al., 2005). Additional evaluation and ongoing quality improvement related to the pairing process, mentor and mentee training/orientation, contract content, and more would advance our understanding of best practices (Johnson & Gandhi, 2015). Creating, managing, and/or evaluating such programs are a potential leadership role opportunity for psychologists working in academic health centers for which they are well-equipped.

Conclusion

The mentoring relationship is a hallmark of academic medicine. Good mentoring is a facilitative, developmental and positive process which requires adequate time, intentional discourse, mutual respect, and a willingness to support the relationship. There are clear benefits for both mentees and mentors who work together to develop this type of relationship. Most successful relationships include individuals that demonstrate key characteristics as highlighted in this paper. The mentoring relationship is not static; rather, it is a dynamic process that evolves over time. It is as unique as the people who engage in this worthwhile venture. Dedicated individuals, who are intentional in their interactions with one another, will surely gain benefits in their careers and may even develop an enduring partnership through their experience in mentoring. Common pitfalls and problems as well as ways to address such problems were also included here along with prevention and intervention strategies. In general, personal

reflection about the mentor relationship both before initiating it and throughout its course, by both the mentor and mentee, will contribute to a robust, growth-oriented relationship that meets expectations and achieves targeted goals.

References

Aagaard, E. M., & Hauer, K. E. (2003). A Cross-sectional descriptive study of mentoring relationships formed by medical students. *Journal of General Internal Medicine, 18*(4), 298–302.

Ahmed, R., Farooq, A., Storie, D., Hartling, L., & Oswald, A. (2016). Building capacity for education research among clinical educators in the health professions: A BEME (Best Evidence Medical Education) systematic review of the outcomes of interventions (BEME Guide No. 34). *Medical Teacher, 38*(2), 123–136.

Al-Jewair, T., Herbert, A. K., Leggitt, V. L., Ware, T. L., Hogge, M., Senior, C., Carr, R. K., & Da Silva, J. D. (2019). Evaluation of faculty mentoring practices in seven U.S. Dental Schools. *Journal of Dental Education, 83*(12), 1392–1401.

Altonji, S. J., Banos, J. H., & Harada, C. N. (2019). Perceived benefits of a peer mentoring program for first-year medical students. *Teaching and Learning in Medicine, 31*(4), 445–452.

American Psychological Association [APA] Presidental Task Force. (2012). *Introduction to mentoring: A guide for mentors and mentees*. Retrieved from https://www.apa.org/education-career/grad/mentoring

Baugh, S. G., & Scandura, T. A. (1999). The effect of multiple mentors on protégé attitudes toward the work setting. *Journal of Social Behavior and Personality, 14*(4), 503–521.

Beech, B. M., Calles-Escandon, J., Hairston, K. G., Langdon, S. E., Latham-Sadler, B. A., & Bell, R. A. (2013). Mentoring programs for underrepresented minority faculty in academic medical centers: A systematic review of the literature. *Academic Medicine*, *88*(4), 541–549. https://doi.org/10.1097/ACM.0b013e31828589e3

Berk, R. A., Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Academic Medicine, 80*(1), 66–71.

Biehle, L., Crowl, A., Park, H. C., Vos, S., & Franks, A. M. (2021). The power of peer mentoring to support women pharmacy faculty personally and professionally. *American Journal of Pharmaceutical Education, 85*(2), 8471.

Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (2019). Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. *International Journal of Nursing Studies, 91*, 47–59.

Carapinha, R., Ortiz-Walters, R., McCracken, C. M., Hill, E. V., & Reede, J. Y. (2016). Variability in women faculty's preferences regarding mentor similarity: A multi-institution study in academic medicine. *Academic Medicine, 91*(8), 1108–1118.

Choi, A., Moon, J., Steineke, A., & Prerscott, J. E. (2019). Developing a ulturer of mentorship to strerngthen academic medical centers. *Academic Medicine, 94*(5), 630–633.

Chopra, V., Edelson, D. P., & Saint, S. (2016). Mentorship malpractice. *Journal of the American Medical Association., 315*(14), 1453–1454.

Clement, S., & Welch, S. (2021). Doctoral nursing students' lived experience of virtual mentoring in the United States. *Nurse Education in Practice, 54*, 103103.

Cook, T. E., Dimant, O. E., Novick, R., Adegbola, A., Blackstock, U., Drake, C. B., Patenaude, M. E., Ravenell, J. E., Radix, A., & Greene, R. E. (2020). Gendered expectations: Strategies for navigating structural challenges in support of transgender and nonbinary trainees in Academic Medicine. *Academic Medicine, 95*(5), 704–709.

Cranmer, J., Scurlock, A., Hale, R., Ward, W., Prodhan, P., Weber, J., Casey, P., & Jacobs, R. (2018). An adaptable pediatrics faculty mentoring model. *Pediatrics, 141*(5), e20173202.

Crites, G. E., Ward, W. L., Archuleta, P., Fornari, A., Hill, S. E., Westervelt, L. M., & Raymond, N. (2022). A scoping review of healthcare faculty mentorship programs in academia: Recommendations for success. *Journal of Continuing Education in the Health Professions, 24*(1), 1555435.

Dawkins, A., & Grief, C. J. (2021). It takes a village: Guidance on mentoring black residents and fellows. *Journal of Graduate Medical Education, 13*(3), 320–331.

D'Costa, C. (n.d.). How cognitive biases influence mentorship programs in the workplace. *People Matters*. Retrieved from https://www.peoplemattersglobal.com/article/diversity/how-cognitive-biases-influence-mentorship-programs-in-the-workplace-21417

Dimitriadis, K., Borch, P., Stormann, S., Meinel, F. G., Moder, S., Reincke, M., & Fischer, M. R. (2012). Characteristics of mentoring relationships formed by medical students and faculty. *Medical Education Online, 17*, 17242.

Dorland, A., Johnston, D., & Henderson, M. J. (2019). Movements in mentorship: Exploring shifting boundaries and roles in a faculty-graduate student-undergraduate student mentorship microcommunity. *Papers on Postsecondary Learning and Teaching: Proceedings of the University of Calgary Conference on Learning and Teaching, 3*, 111–119.

Eby, L. T., Durley, J. R., Evans, S. C., & Ragins, B. R. (2008). Mentors' perceptions of negative mentoring experiences: Scale development and nomological validation. *Journal of Applied Psychology, 93*(2), 358–373.

Evans, M. M., Kowalchik, K., Riley, K., & Adams, L. (2020). Developing nurses through mentoring: It starts in nursing education. *Nursing Clinics of North America, 55*(1), 61–69.

Farkas, A. H., Bonifacino, E., Turner, R., Tilstra, S. A., & Corbelli, J. A. (2019). Mentorship of women in academic medicine: A systematic review. *Journal of General Internal Medicine, 34*(7), 1322–1329.

Fleming, M., House, S., Hanson, V. S., Yu, I., Garbutt, J., McGee, R., Kroenke, K., Abedin, Z., & Rubio, D. M. (2013). The mentoring competency assessment: Validation of a new instrument to evaluate skills of research mentors. *Academic Medicine, 88*(7), 1002–1008.

Gitlin, S. D., & Lypson, M. L. (2017). For residents and fellows: What to look for in a laboratory research mentor. *Journal of Cancer Education, 32*(2), 419–421.

Goldner, L., & Ofra, M. (2009). The quality of mentoring relationships and mentoring success. *Journal of Youth and Adolescence, 38*, 1339–1350.

Henry-Noel, N., Bishop, M., Gwede, C. K., Petkova, E., & Szumacher, E. (2019). Mentorship in medicine and other health professions. *Journal of Cancer Education, 34*(4), 629–637.

Holmes, D. R., Hodgson, P. K., Simari, R. D., & Nishimura, R. A. (2010). Mentoring: Making the transition from mentee to mentor. *Circulation, 121*, 336–340.

Johnson, M. O., & Gandhi, M. (2015). A mentor training program improves mentoring competency for researchers working with early-career investigators from underrepresented backgrounds. *Advances in Health Sciences Education: Theory and Practice, 20*(3), 683–689.

Johnson, T. J., Ellison, A. M., Dalembert, G., Fowler, J., Dhingra, M., Shaw, K., & Ibrahim, S. (2017). Implicit bias in pediatric academic medicine. *Journal of the National Medical Association, 109*(3), 156–163.

Kashiwagi, D. T., Varkey, P., & Cook, D. A. (2013). Mentoring programs for physicians in academic medicine: A systematic review. *Academic Medicine, 88*(7), 1029–1037.

LaFleur, A. K., & White, B. J. (2010). Appreciating mentorship: The benefits of being a mentor. *Professional Case Management, 15*(6), 305–311.

Leary, J. C., Shainker, E. G., & Leyenaar, J. K. (2016). The unwritten rules of mentorship: Facilitators of and barriers to effective mentorship in pediatric hospital medicine. *Hospital Pediatrics, 6*(4), 219–225.

Lin, S. Y., Laeeq, K., Malik, A., Varela, D. A. D. V., Rhee, J. S., Pillsbury, H. C., & Bhatti, N. I. (2013). Otolaryngology training programs: Resident and faculty perception of the mentorship experience. *The Laryngoscope, 123*, 1876–1883.

Marshall, A. L., Dversdal, R. K., Murphy, M., Prill, D. M., Zhang, T., & Jain, S. (2020). WOMENtorship: The #womeninmedicine perspective. *Medical Teacher, 42*(2), 228–230.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111.

Melanson, M. A. (2009). Qualities of the ideal protégé. *US Army Medical Department Journal.*

Mokel, M. J., Behnke, L. M., Gatewood, E., Mihaly, L. K., Newberry, E. B., Lovence, K., Ro, K., Bellflower, B. B., Tabi, M., & Kuster, A. (2022). Mentoring and support for underrepresented nursing faculty: An integrative research review. *Nurse Educator, 47*(2), 81–85.

National Academy of Medicine. (n.d.). *National Academy of Medicine's Action Collaborative on Clinician Well-being and Resilience*. Retrieved from https://nam.edu/initiatives/clinician-resilience-and-well-being/

Omary, M. B. (2008). Mentoring the mentor: Another tool to enhance mentorship. *Gastroenterology, 135*, 13–16.

Ortiz, C. P. (2021). Mentoring experiences of male faculty in nursing programs. *Nursing Education Perspectives, 42*(5), 310–314.

Osman, N. Y., & Gottlieb, B. (2018). Mentoring across differences. *Mededportal, 14*, 10743.

Palmer, C. (2019). Becoming a great mentor. *APA Monitor, 50*(1), 48.

Pololi, L., & Knight, S. (2005). Mentoring faculty in academic medicine. *Journal of General Internal Medicine, 20*(9), 866–870.

Provost, E. (2020). *Concluding the formal mentorship for mentors and mentees*. Retrieved from https://support.peoplegrove.com/hc/en-us/articles/360001279811-Concluding-the-formal-mentorship-for-mentors-mentees

Rodriguez, J. E., Campbell, K. M., Fogarty, J. P., & Williams, R. L. (2014). Underrepresented minority faculty in academic medicine: A systematic review of URM faculty development. *Family Medicine, 46*(2), 100–104.

Sambunjak, D., Straus, S. E., & Marusic, A. (2010). A systematic review of qualitative reseach on the meaning and characteristics of mentoring in academic medicine. *Journal of General Internal Medicine, 25*(1), 72–78.

Shtasel, D., Hobbs-Knutson, K., Tolpin, H., Weinstein, D., & Gottlieb, G. L. (2015). Developing a pipeline for the community-based primary care workforce and its leadership: The Kraft Center for Community Health's leadership's fellowship and practitioner programs. *Academic Medicine, 90*(9), 1272–1277. https://doi.org/10.1097/ACM.0000000000000806

Taherian, K., & Shekarchian, M. (2008). Mentoring for doctors. Do its benefits outweights its disadvantages? *Medical Teacher, 30*(4), e95–e99.

Thomas-McLean, R., Hamoline, R., Quinlan, E., Ramsden, V. R., & Kuzmicz, J. (2010). Discussing mentorship. *Canadian Family Physician, 56*(7), 263–272.

Tor, P.-C., Goh, L.-G., Ang, Y.-G., Lim, L., Winslow, R.-M., Ng, B.-Y., Wong, S.-T., Ng, T.-P., & Kia, E.-H. (2011). Qualities of a psychiatric mentor: A quantitative singaporean survey. *Academic Psychiatry, 35*(6), 407–410.

Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care, 9*(3), 241–247.

Ward, W. (2017). Pediatric psychologists' role in faculty development. *CPPP, 5*(2), 137–148.

Ward, W., Love, J., & Williams, V. (2020). Mentoring. A chapter in the Association of Academic Medical Center's Group on Faculty Affairs' *Leadership Guide for Faculty Affairs Professionals*. Retrieved from https://www.aamc.org/professional-development/affinity-groups/gfa/mentoring

West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016). Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis. *Lancet*, *388*(10057), 2272–2281. https://doi.org/10.1016/S0140-6736(16)31279-X

Westring, A., McDonald, J. M., Carr, P., & Grisso, J. A. (2016). An integrated framework for gender equity in academic medicine. *Academic Medicine, 91*(8), 1041–1044.

Wettemann, R. P. (2021). Triennial reproduction symposium L. E. Casida Award for Excellence in graduate education: Mentoring graduate students in animal science. *Animal Science, 99*(5), 099.

Williams, A. M., Reed, B., Self, M. M., Robiner, W. N., & Ward, W. L. (2020). Psychologists' practices, stressors, and wellness in academic health centers. *Journal of Clinical Psychology in Medical Settings, 27*(4), 818–829.

Williams, L. L., Levine, J. B., Malhotra, S., & Holzheimer, P. (2004). The good-enough mentoring relationship. *Academic Psychiatry, 28*(2), 111–115.

Yehia, B. R., Cronholm, P. F., Wilson, N., Palmer, S. C., Sisson, S. D., Guilliames, C. E., Poll-Hunter, N. I., & Sanchez, J.-P. (2014). Mentorship and pursuit of academic medicine careers: A mixed methods study of residents from diverse backgrounds. *BMC Medical Education, 14*, 26.

Young, A. M., Cady, S., & Foxon, M. J. (2006). Demystifying gender differences in mentoring: Theoretical perspectives and challenges for future research on gender and mentoring. *Human Resource Development Review*, *5*(2), 148–175. https://doi.org/10.1177/1534484306287140