Department of Ophthalmology
Mentoring Program Survey
May 2020
## Mentoring Program Statistics

<table>
<thead>
<tr>
<th>Participating mentees:</th>
<th>Participating mentors:</th>
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<tbody>
<tr>
<td>59 Instructors</td>
<td>2 Instructors, 2 Lecturers</td>
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<tr>
<td>56 Assistant Professors</td>
<td>13 Assistant Professors</td>
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<tr>
<td>34 Associate Professors</td>
<td>29 Associate Professors</td>
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<td><strong>149 TOTAL</strong></td>
<td><strong>69 TOTAL</strong></td>
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2020 Mentoring Program Survey
inspired by Nature article “Just a Minute...PhD Students Voice Concern on Mentoring” (2019_1121)
To assess how relevant the top concerns and issues that emerged from the *Nature* survey are to our faculty, we included six questions inspired by that survey, modified to fit the context of our department.

The two other survey questions relate to wellness, highly relevant due to the COVID-19 pandemic, but always important.

53% Participation:
- 37 of 59 Instructors
- 27 of 56 Assistant Professors
- 13 of 34 Associate Professors
- 14 of 23 Professors
Question 1: Rate the following concerns on a scale of 1 (little to no concern) to 5 (extreme concern).

Results from our faculty survey and that of the PhD students showed similar concerns at the top of their lists, but the level of concern was much higher for PhD students than for our faculty.

- Uncertainty about my career prospects over the long term
- The difficulty of maintaining a work/life balance
- The difficulty of getting funding/low success rates for grant applications
Question 2: *In what areas do your mentors excel in helping prepare/support you, on a scale of 1 (very little help) to 5 (extraordinary help)?*

*Our mentors excel at all the areas listed below. In comparison, PhD students were much less satisfied with their mentors’ support in the areas designated in red.*

<table>
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<tr>
<th>Area</th>
<th>Weighted Average</th>
<th>Percentage from PhD Survey</th>
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<tbody>
<tr>
<td>Applying for funding</td>
<td>4.14</td>
<td>35%</td>
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<tr>
<td>Developing resilience for rejection by peer review panel</td>
<td>3.98</td>
<td>46%</td>
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<tr>
<td>Developing a business plan</td>
<td>3.90</td>
<td>13%</td>
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<tr>
<td>Writing a paper in a peer-reviewed journal</td>
<td>3.88</td>
<td>67%</td>
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<tr>
<td>Presenting findings to a specialist audience</td>
<td>3.87</td>
<td>73%</td>
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<tr>
<td>Managing a large operational budget</td>
<td>3.84</td>
<td>15%</td>
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<tr>
<td>Managing complex projects</td>
<td>3.76</td>
<td>48%</td>
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Questions 3 & 4: Which aspects of the academic system frustrate you? For the issue that most concerns you, what would be the best way to address it?

**OPHTHALMOLOGY FACULTY TOP CONCERNS:**

**BUREAUCRACY:**
- Reduce bureaucracy so we have more time to get important work done.
- Get the administrators to shoulder their responsibilities and be timely in their responses.

**HIERARCHY:**
- Respect and incorporate people's opinions regardless of their position on the totem pole.

**COMPETITION:**
- Competition in the academic system always exists. Mentors can help develop ways to improve and become competitive or find the area that can be more competitive.

**LACK OF RESPECT:**
- Full professors might not respect someone with less experience enough. One solution could be to have different ranks of professor on the mentoring team.

**GENDER BIAS:**
- Bureaucracy is everywhere; however, this links with hierarchy. As a young PI woman, I feel that my needs are not addressed with the same urgency as older PI/men.
- Put more women in power.
Faculty comments include:

- We are well-conditioned throughout medical training to not show any vulnerability or weakness. Medicine needs a cultural adjustment to allow us to acknowledge that our jobs can be challenging in and of themselves. The proposed peer mentoring may be a step in this direction.

- Have more meetings one to one and aspire to a more personal relationship.

- Foster a sense of community through structured and unstructured events/activities.

- Provide examples of work/life balance.

- My mentors have been absolutely wonderful in this regard; I can’t say enough positive things about them. They’ve encouraged me to work on what I need to personally work on first, like work/life balance and burnout, before pursuing other things to advance.
2020 Mentoring Program Survey

Question 6: Do you need/have you ever been in the position to need advice about discrimination or harassment? Are/Were you able to get the advice you need(ed), within the context of the mentoring program or outside of it?

- Of the 79 who answered this question, 60 answered no or N/A. One faculty member wrote, “I think I am more at risk of having blinders on to the privilege from which I benefit.”

- Of those who answered yes, most were able to get advice.

“In my current position, I have not needed any advice about discrimination or harassment (except in my interviews, when men [who I think were trying to be supportive] asked such things as "It's harder for a woman, how will you deal with that?", and I at least got commiseration from my mentors). In prior positions, anytime I've reported harassment (even supposedly anonymously), I've been burned, so I probably wouldn't seek out advice even if I needed it.”
To help clinical junior faculty adjust from the peer group life of residency and fellowship to life as faculty, faculty 5 years out of residency/fellowship would be assigned to mentor, allowing new faculty to get advice and insights from peers who have recently transitioned.

- 16 express interest in this program and 5 are maybe interested; 9 are not interested.
- 9 new clinical junior faculty showed interest in being mentored.
- 7 junior faculty showed interest in being a mentor.

- I can see how this program can be of great benefit to people who do not already have the mentoring support they need.

- I don't like the idea because it is another form of forced socialization. People should and will make friends with their peers if opportunity is given (opportunity means time).
### 2020 Mentoring Program Survey

#### Peer Mentoring Proposal for Senior Faculty

**Proposal:** Is there any interest among Full Professors in creating peer mentoring opportunities to support one another across all professional duties. Would this be a worthwhile undertaking?

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<tbody>
<tr>
<td>Yes:</td>
<td>5</td>
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<td>Maybe:</td>
<td>6</td>
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<tr>
<td>No:</td>
<td>6</td>
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**Comments:**

- Doesn't seem obviously useful but I could be convinced.
- Interesting - should go both ways.
- I think that this would be a good idea. I don't always take or have time to discuss this sort of thing with my colleagues. I would like to both mentor and be mentored.
- I believe that at the level of Professor, most of us have established informal mentoring and collaboration teams. I meet regularly with people in similar roles to mine at other institutions.
The Mentoring Oversight Board will in the next months launch a Peer Mentoring Program to support new junior clinical faculty as they adjust from the structured team-based learning and clinical care of residency and fellowship to the independent status of faculty clinician. The aim of this program is to ensure that new clinical faculty feel included as part of the junior faculty team and to allow them to obtain essential advice and insights from peers who have recently made the same transition.

Unless there is a request for further action, the Mentoring Oversight Board will not move forward with a peer mentoring dimension for senior faculty.

As always, faculty are encouraged to share their comments and ideas with the Manager of Faculty Affairs. Feedback is essential to the ongoing excellence and development of the Mentoring Program.
The Mentoring Oversight Board

James Chodosh, MD, MPH, Professor & Vice Chair of Ophthalmology
Patricia A. D’Amore, PhD, MBA, Professor & Vice Chair of Ophthalmology
David G. Hunter, MD, PhD, Professor & Vice Chair of Ophthalmology
John I. Loewenstein, MD, Associate Professor of Ophthalmology & Associate Clinical Chief, MEE
Joan W. Miller, MD, Professor and Chair of Ophthalmology

Anne S. Levy, PhD, Manager of Faculty Affairs