DARTMOUTH

MENTORSHIP VS SPONSORSHIP: INTEGRAL COMPONENTS TO CAREER SUCCESS IN ACADEMIC RADIATION ONCOLOGY

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May 7, 2023 JAWRO/JASTRO

Dartmouth-Hitchcock Radiation Oncology (@DHMC_RadOnc) / Twitter

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Dartmouth Radiation Historic Innovations

- **1896 Dartmouth: first diagnostic radiograph in the U.S.**
- **1956 First coined the term Artificial Intelligence (AI)**
- **1973 First betatron in New England* (45 MV photons)**
- **1997 First 3-D planning (including tissue heterogeneities) in New England**
- **2001 First hyperbaric oxygen program located within a New England rad onc dept**
- **2003 First routine use of IMRT in New England**
- **2004 First demonstration of cardiac gating**
- **2004 First use of Pd-103 coils worldwide**
- **2004 Therasphere: 1 of 24 centers in U.S.**
- **2005 First daily IGRT for prostate in New England**
- **2013 Single-isocenter, multi-focal SRS**
- **2013 First human imaging of Cerenkov emissions during EBRT**
- **2014 Varian 6-DoF couch (2nd in US; 4th worldwide)**
- **2015 Developed Fusion Coil with Cortex Engineering for robust X-ray & MRI imaging**
- **2016 First clinical application of EPR-based oximetry in cancer patients**
- **2016 Development of Cherenkov applications**
- **2017 Space OAR - First center in northern New England**
- **2020 MRI-Linac ViewRay: one of first half-dozen in USA**
- **2021 FLASH XRT – First with modified LINAC delivery**

https://cancer.dartmouth.edu/radiation-oncology/professionals#mentorship

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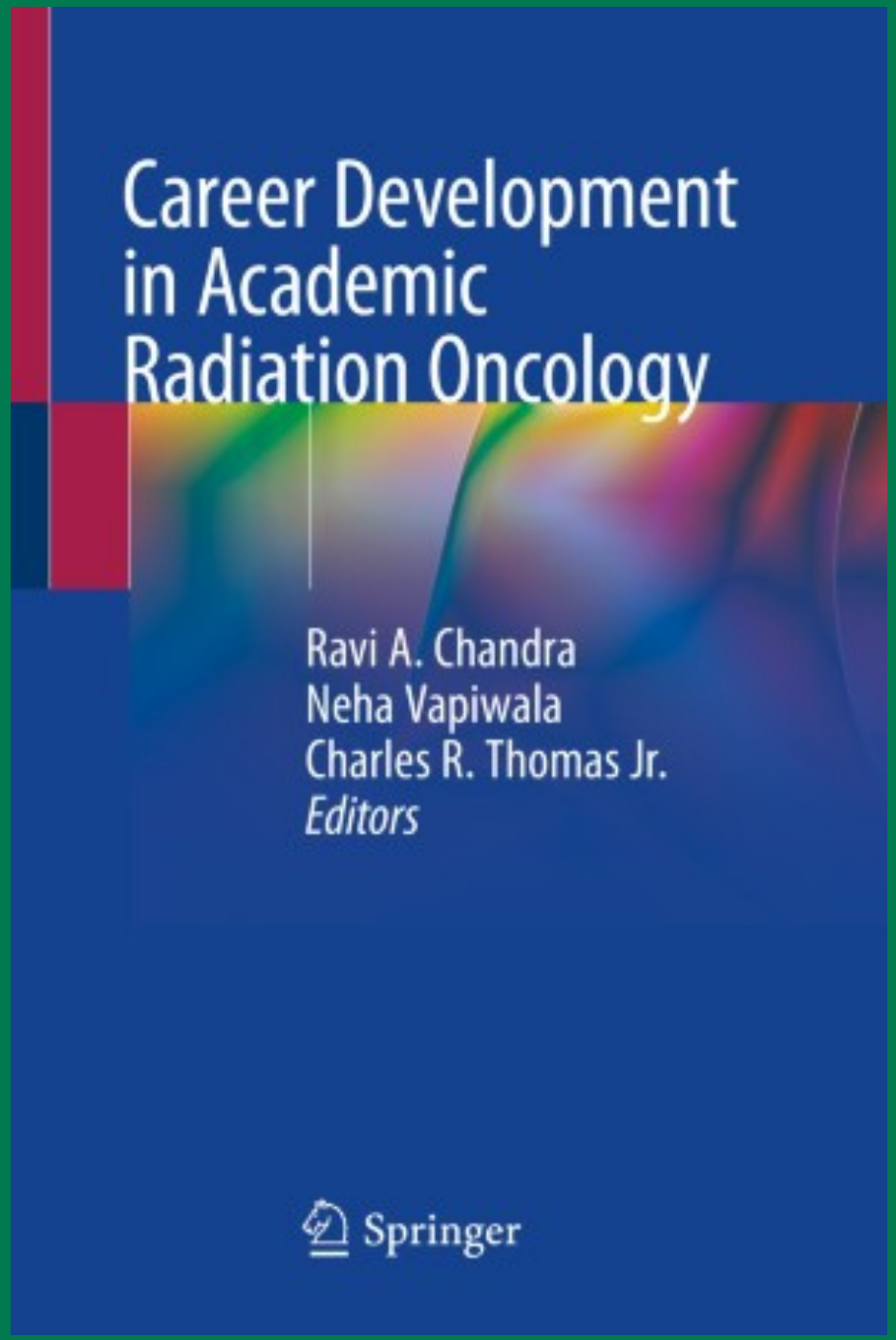
COI slide



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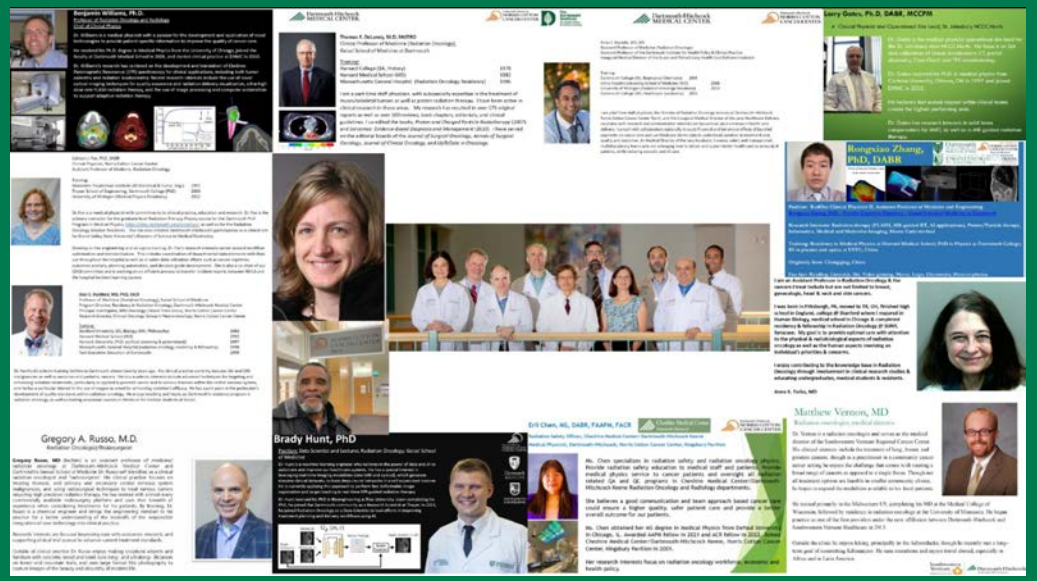
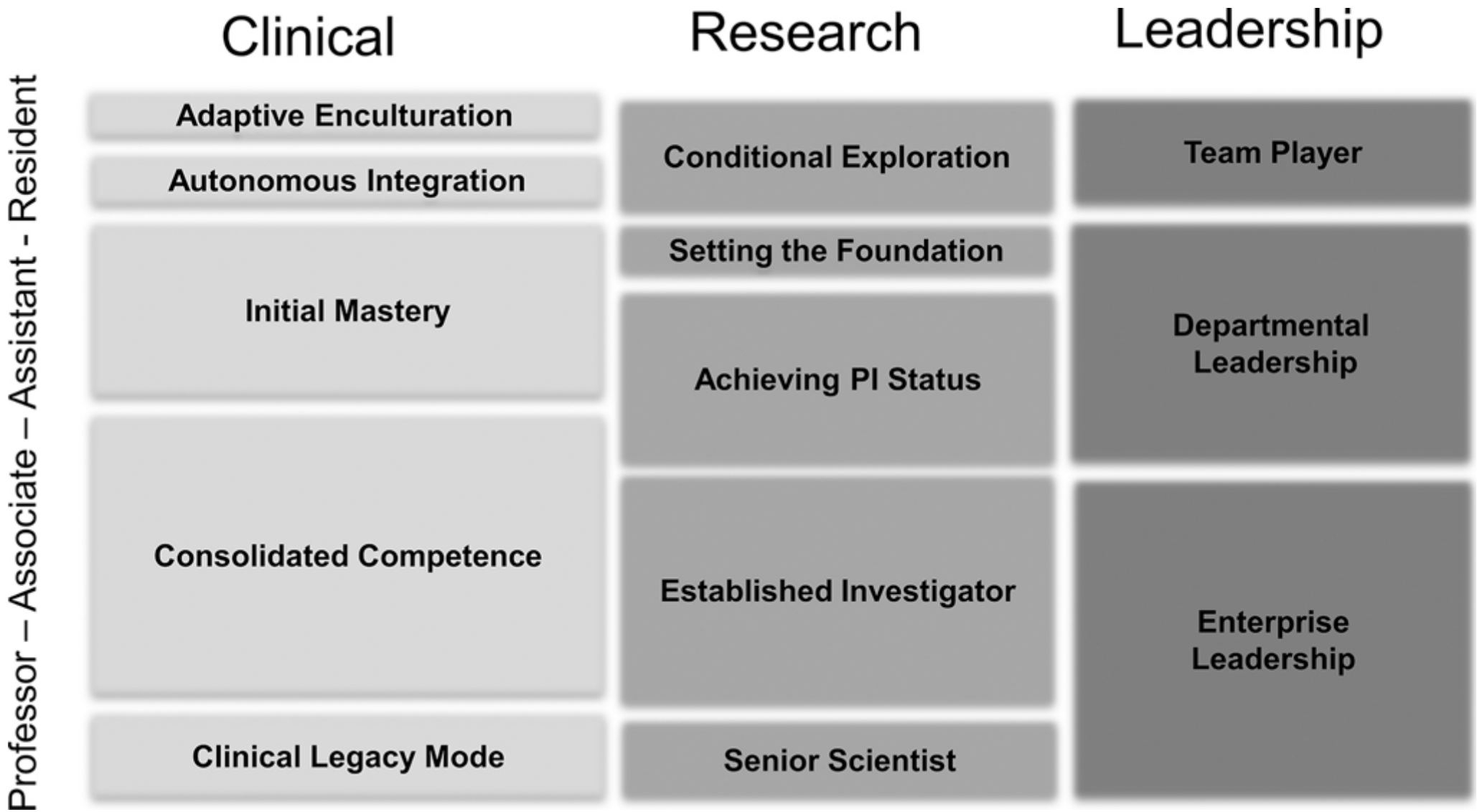
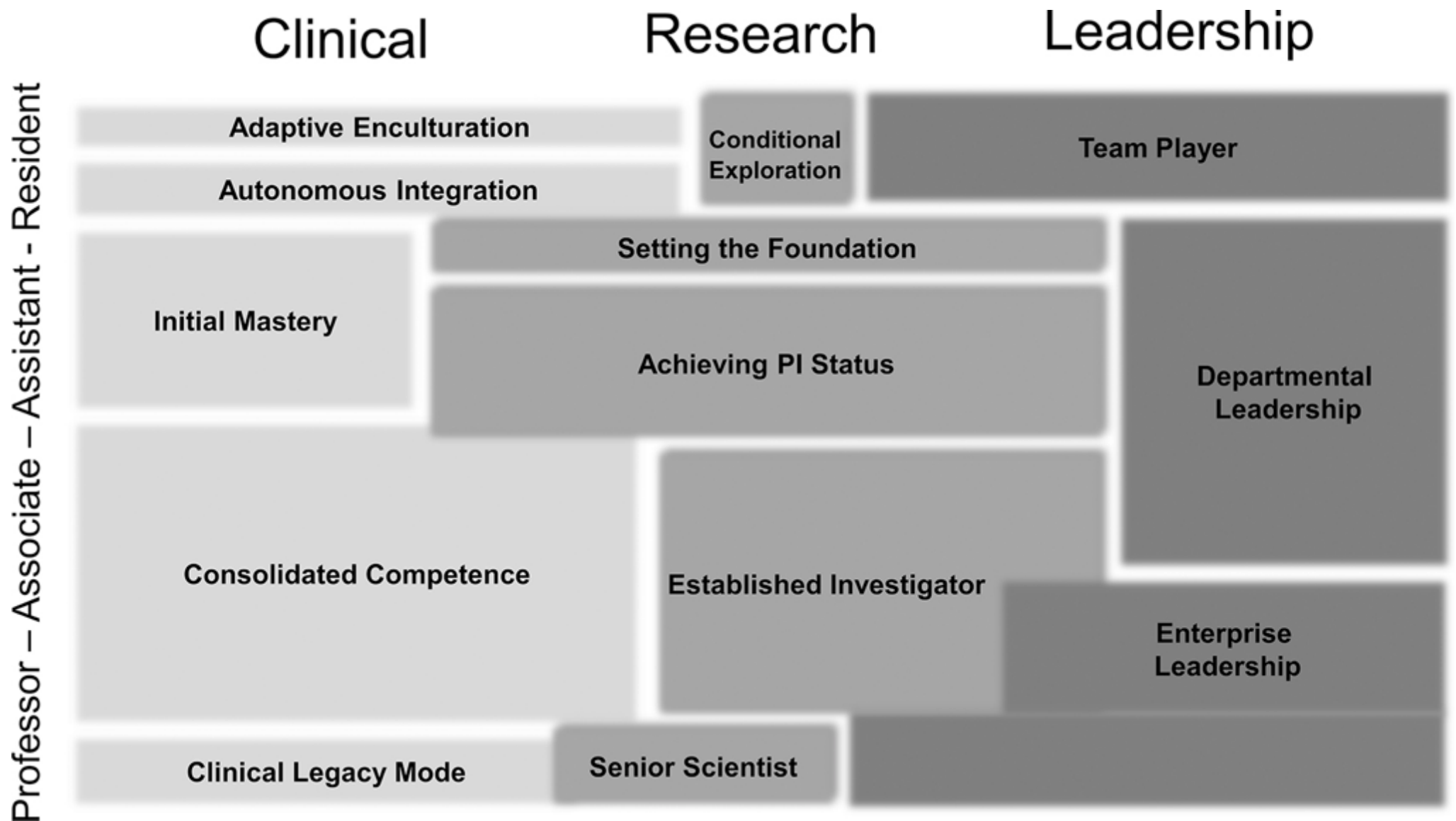
Robert Winn



Mentorship, Sponsorship, & Coaching are Essential during the evolution thru Career Stages in academic medicine



Stages vs. Time-allocation (Research)



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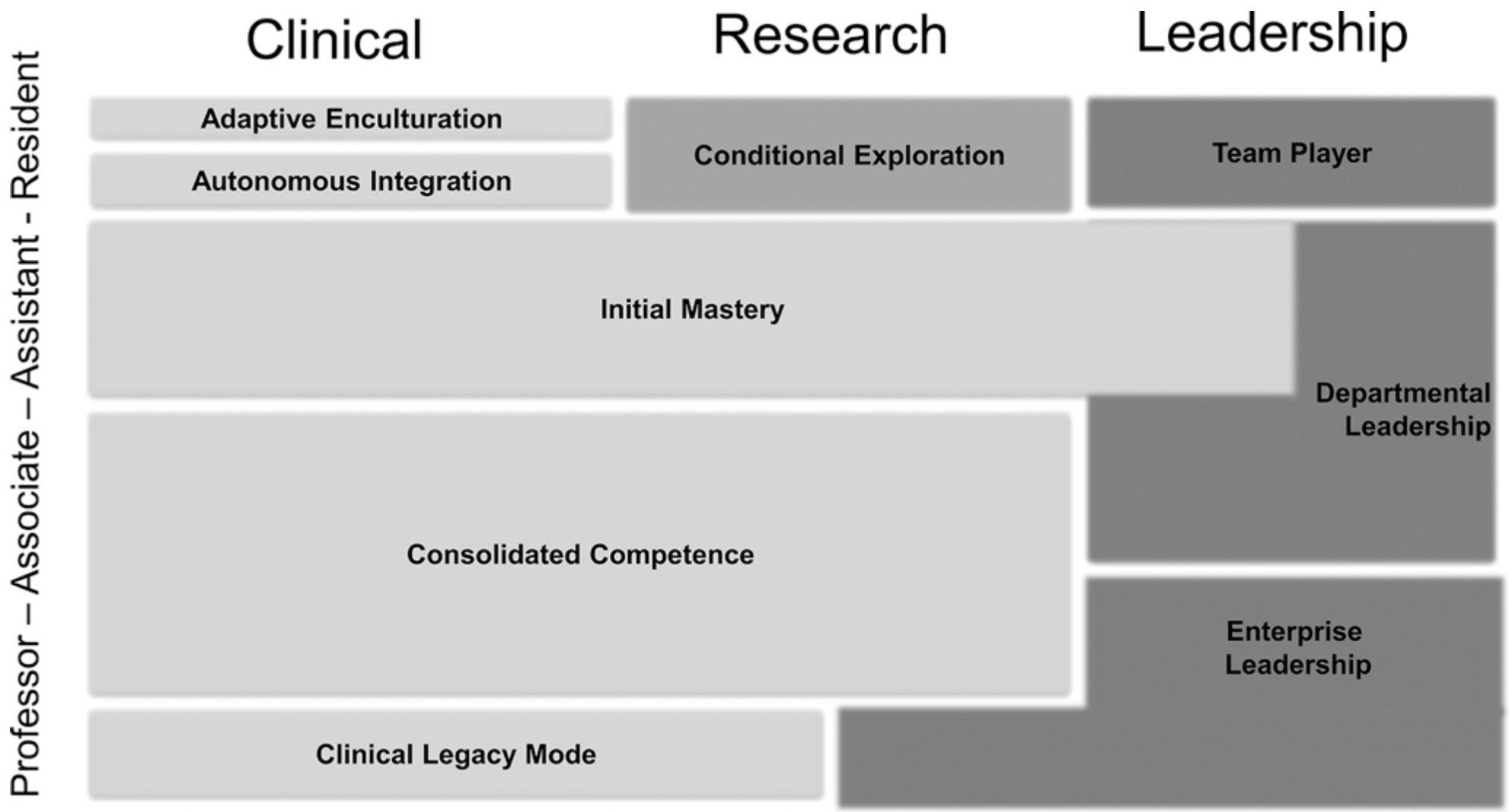


Definitions

mentorship

the influence, guidance or direction given by a mentor

mentor

a : a trusted counselor or guide
b : tutor or coach
Urban dictionary : the name of a porno metal band

mentee

a : one who is being mentored
b : protégé
Urban dictionary : created in 20th century by people who were ignorant of the word protégé

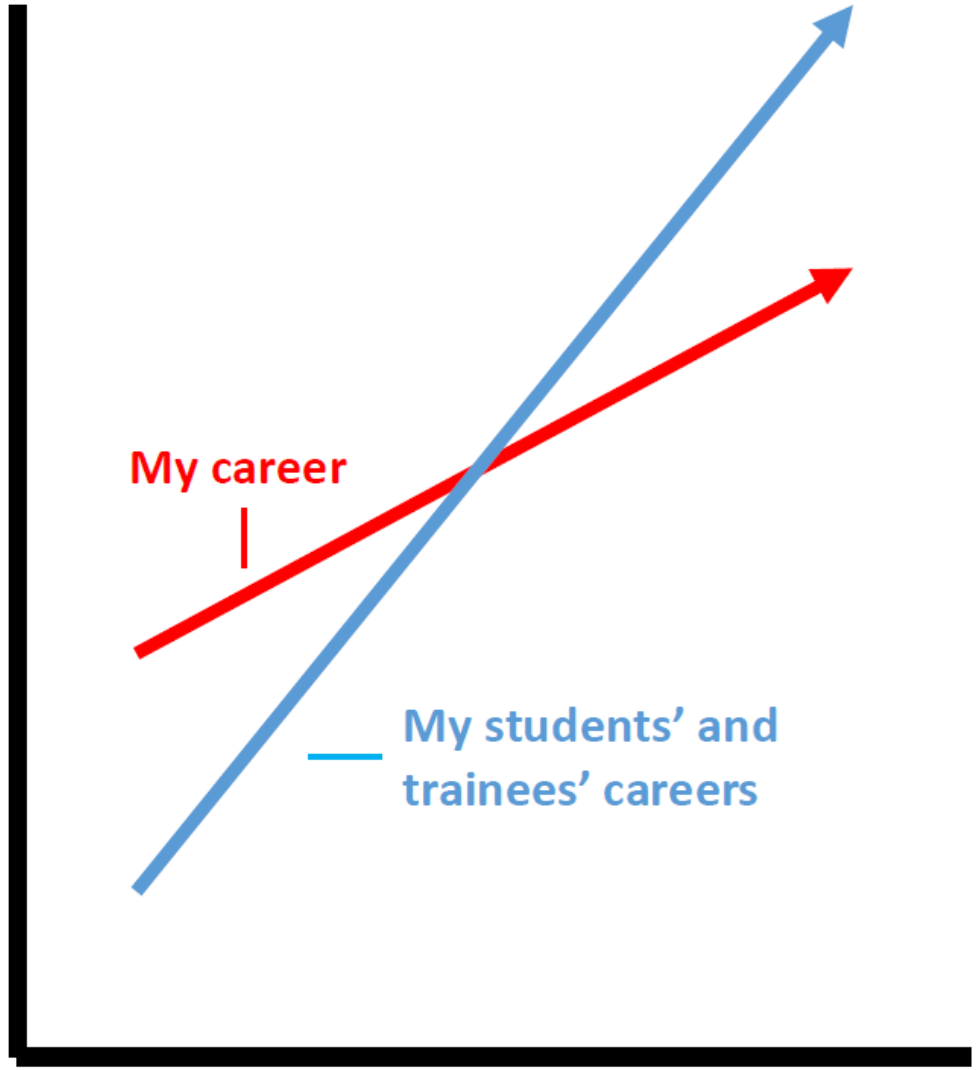
sponsorship

active support from a leader who has influence on decision making processes and who is advocating, protecting and fighting for career advancement

Urban Dictionary : The art of getting another interested party to **invest** in **your good** time and assume the financial **responsibility**

Learning Objectives

- ***Describe attributes of an effective mentor***
- **Mentoring Millennials**
- **Mentee discipline**
- **Mentor Malpractice**
- **IDP (Individual Development Plan)**
- **Reverse Mentoring**
- **Sponsorship**



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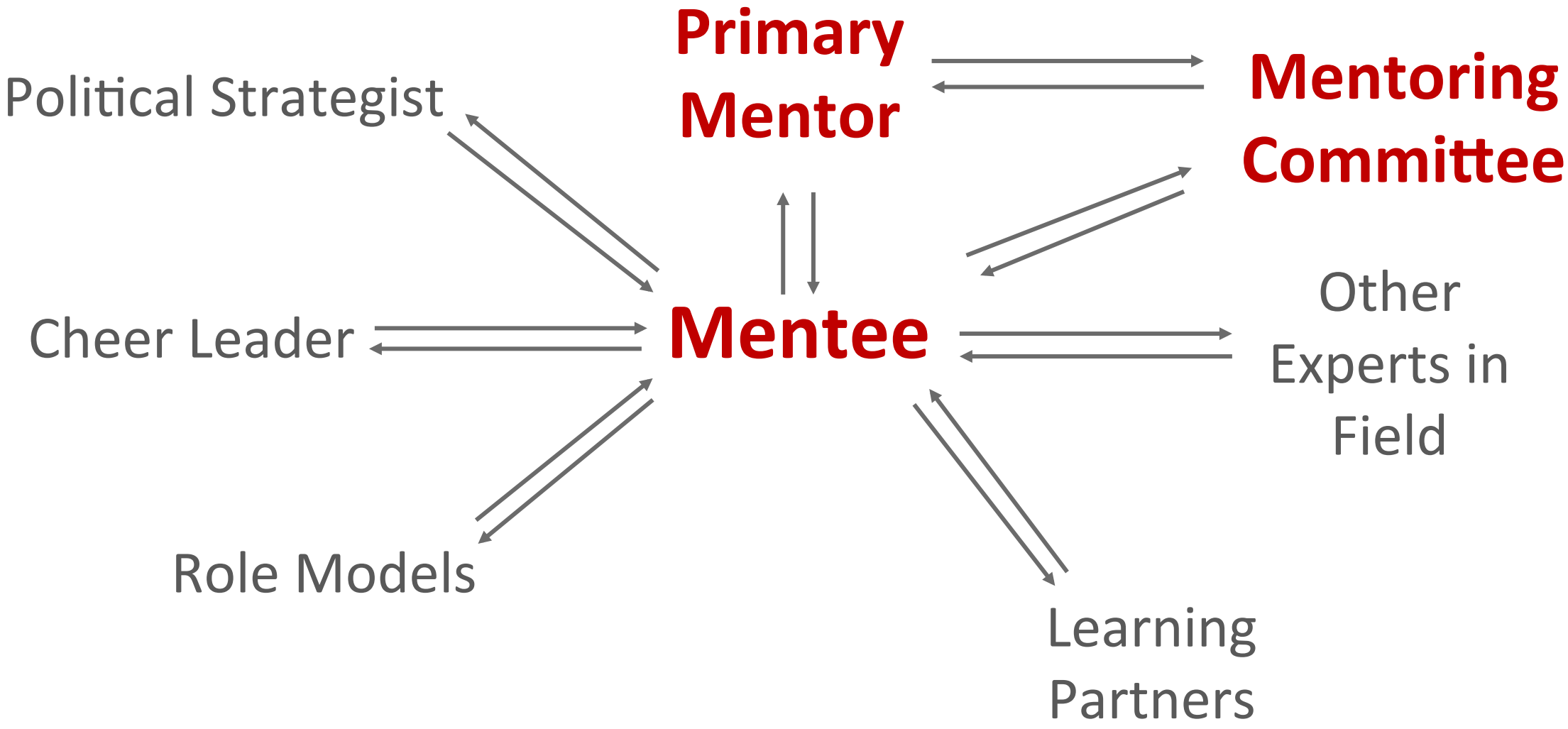
A Good Mentor

- Provides a safe place where a mentee can ask questions and share difficulties
- **Helps mentee see how others perceive him/her**
- Offers specific feedback and impressions to support mentees growth
- **Provides seasoned advice**
- Keeps track of mentee's progress
- **Provides confidence to mentee**
- Assists the mentee with networking

Mentorship Team



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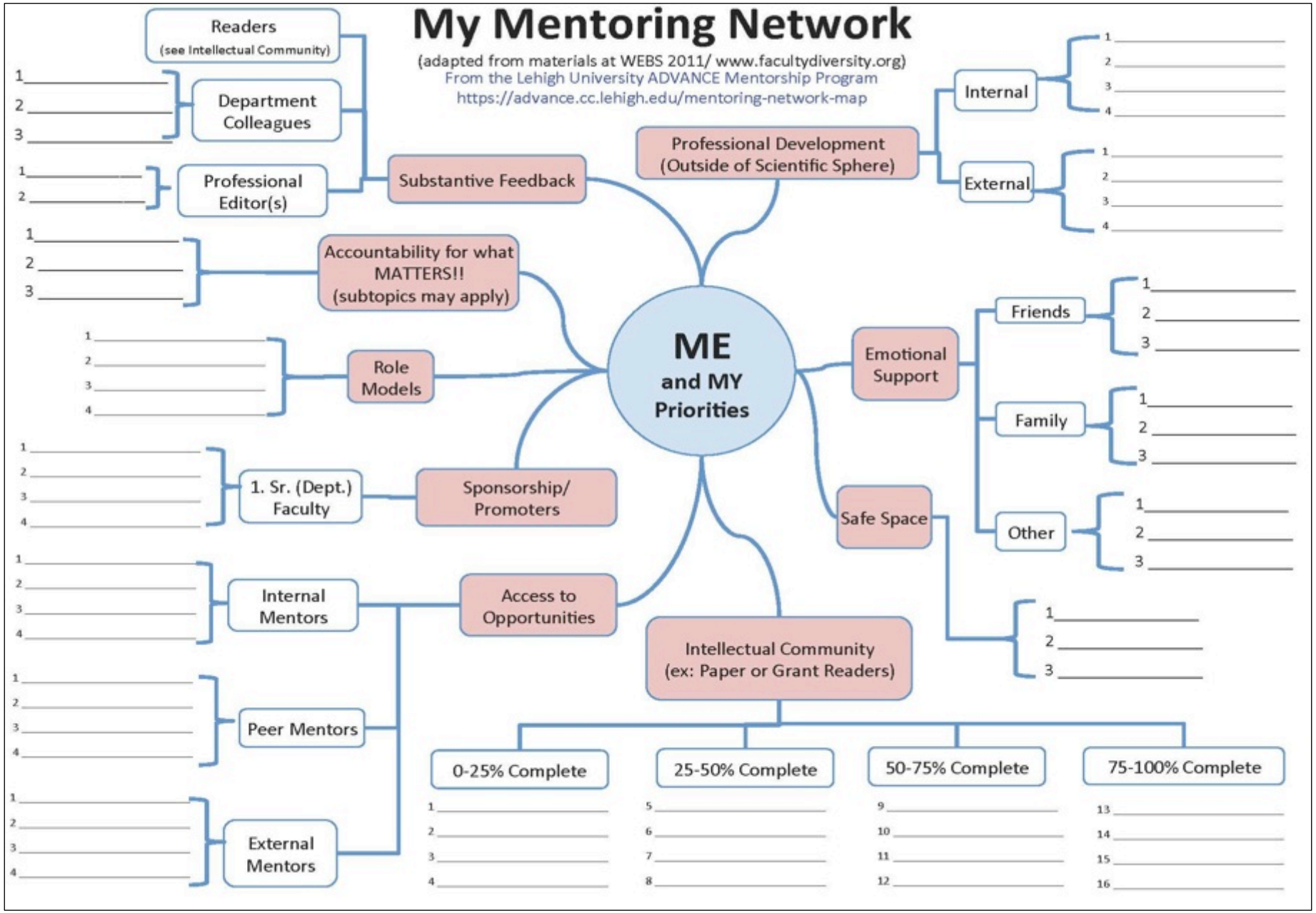

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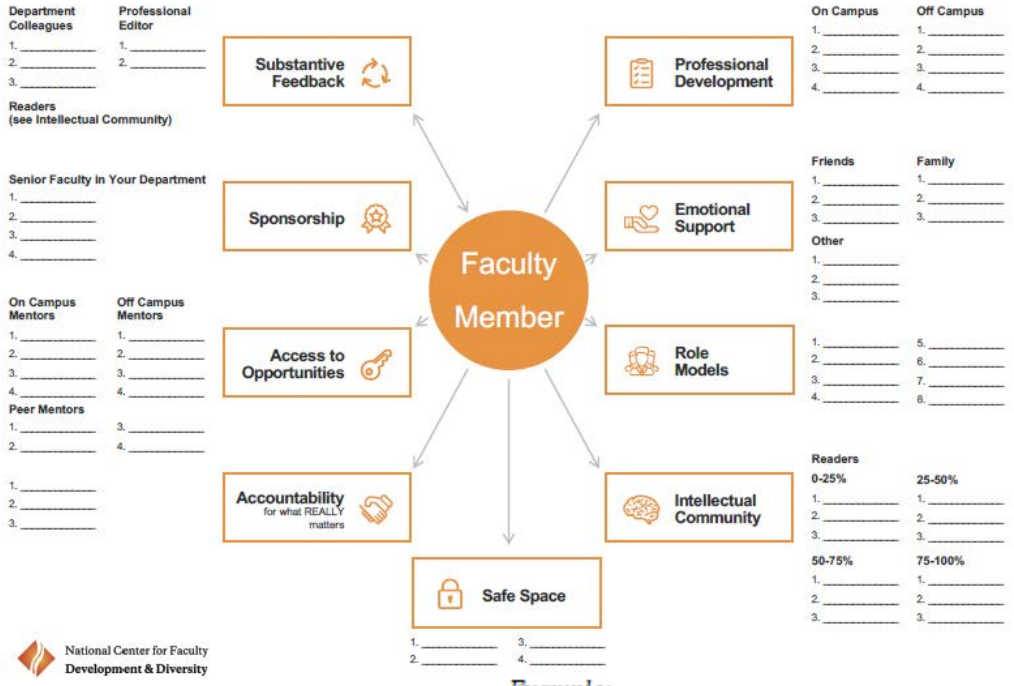
Mentorship

https://www.ohsu.edu/school-of-medicine/radiation-medicine/mentorship-and-sponsorship

NCFDD Mentoring Map



Example:

Goals and Objectives	Actions, Education, or Training Planned	Relevance to Research Project	Benchmarks for Successful Completion	Target Dates for Completion
Scientific Writing Skills Specific Objectives: 1. Improve grantwriting skills 2. Publish five papers in academic journals	1. Take grantwriting course through x mechanism 2. Submit two abstracts a month to journals	1. Workshop will improve my chances of furthering research in subsequent grants 2. Higher publishing rate will strengthen my promotion case and secure standing in academic environment	1. Enroll in grantwriting seminar, exit seminar with clear and concise specific aims page 2. Hit submission goals monthly, have five abstracts accepted for publication	1. January 2017 2. Last day of every month for submissions, June 2017 for overall total of papers accepted

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Individual Development Plan

Name:

Date:

Primary Mentor:

Co-Mentor(s):

Self Assessment

With the help of your mentor, please detail the research areas and skills in which you are already adept, and those areas where you need more support.

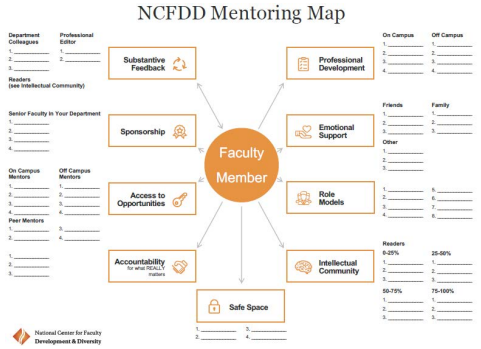
Example:

Research Areas	Strengths/Experience	Areas for Improvement
Scientific Writing Skills	• Completed a dissertation • Took class on writing	• How to synthesize data • Data visualization for jounrals • How to respond to reviews

Research Areas	Strengths/Experience	Areas for Improvement
Translational Research Expertise		
Translational Research Methods		
Leadership Skills		
Oral Presentations Skills		
Scientific WritingSkills		
Identifying Funding Opportunities		
Other Career Development		

Mentorship

https://cancer.dartmouth.edu/radiation-oncology/professionals#mentorship



From: xxxxxx
Sent: Thursday, December 17, 2020 7:26 AM
To: Charles Thomas <thomasch@ohsu.edu>
Subject: Agenda today

Hi Dr. Thomas—looking forward to meeting today—quick items I'd like to address today:

1. Educational grant opportunities
2. SWOG participation
3. Faculty development milestones

xxxxx
Assistant Professor
OHSU Department of Radiation Medicine

Charles Thomas / xxxxx 1:1 – 3/1/21

1) VA NROP effort – 0.1FTE (pending funding decision)
   a. Natl Rad Onc Program is a major coordinating center; xxxxx is director
   b. QI mandates; HINGE (H I Network G E) is customized system to curate quality metrics/DICOM-RT
   c. Alignment w/RT & 2nd cancers
   d. He'll get access to ~ 180K VA RT plans
2) xxxxx VA data research → ASTRO abstract (aorta dose-specifications, BP measurements, pulse pressure changes; calculate time-based regression analysis)
   a. xxxxx feels that he should take an R-programming course
   b. SIQUEL query work is ongoing
   c. Clinical rotation w/xxxx
3) Ray Search autosegmentation research (xxxxxx) → ASTRO abstract
4) MRF grant → rejected → resub + Collins Medical Trust (due April)
5) Melanoma protocol – submitted to IRB (under review)
6) NCI-DOE precision radiation oncology workshop – Discussion Leader
7) VA multidisciplinary skin cancer clinic (on hold?)
8) Graduate student recruitment (x2)

NOTES:
New director of PVAMC?

RT/xxxx 2/27/19

Residency program

- Residency Expansion
- Chief Resident Service
- PGY4 research year and academic day for PGY2 and maybe PGY3
- Formal mentorship model
- Incentivizing resident lectures and chart round attendance
- xxxxx Peds chief rotation

Research

- RAMP-SEQ to be submitted to CEDAR shortly
- ctDNA for esophagus and rectal cancer, JAMA Onc brief research letter, more analysis of additional time points and
- xxxxx lung SBRT data analysis
- xxxxx TACE+RFA vs. TACE+SBRT propensity score analysis in manuscript prep
- Accruing ROI liver SBRT study, 2 patients consented, third one coming soon
- Actively enrolling on UPenn study liver SBRT
- xxxxx submission to PRO
- xxxxx microbubble study on iteration 20
- xxxxx Zeiss submission of SBRT v. Y90

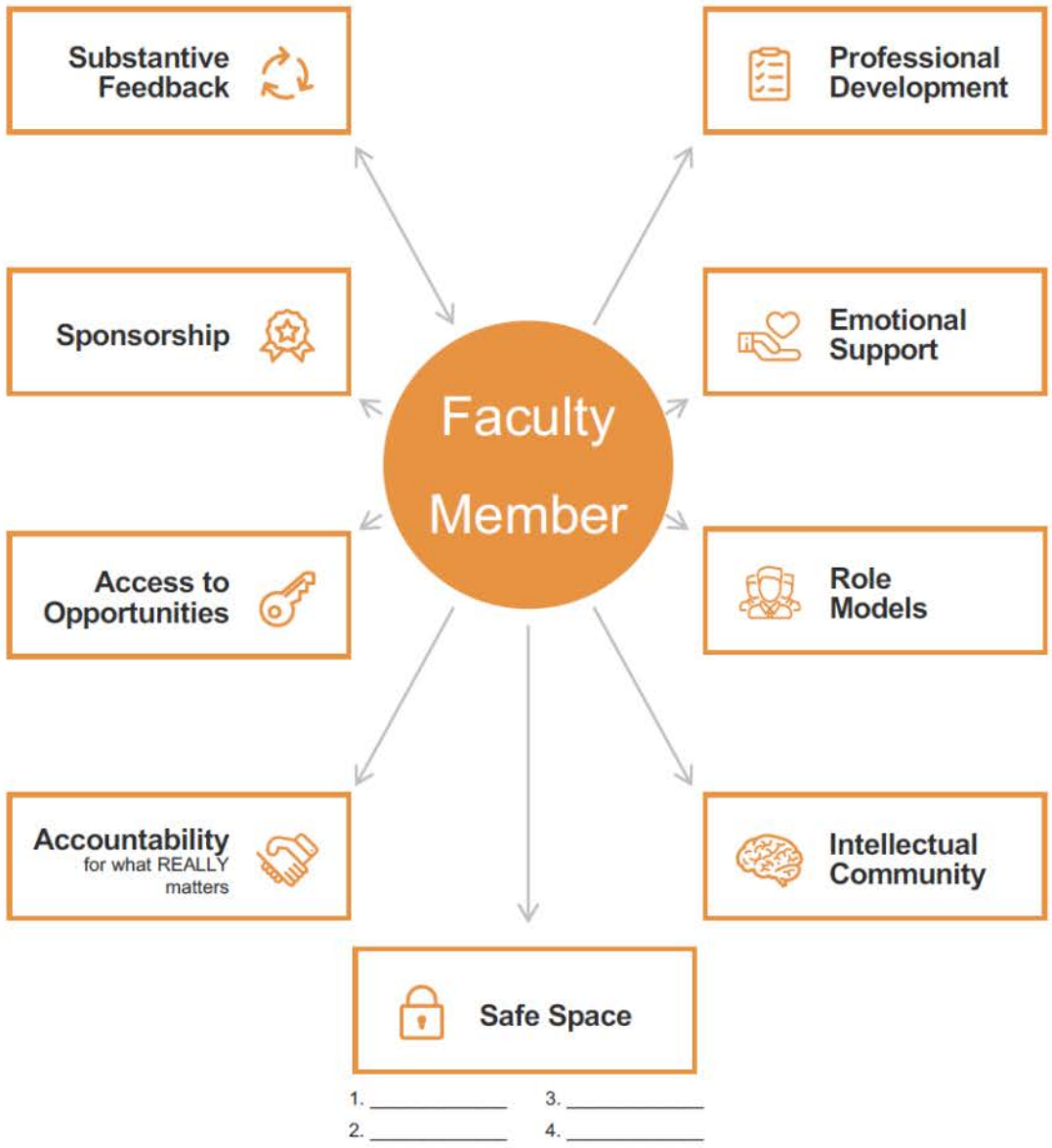
External collabos

- Cholangio foundation
- xxxxx (SBRT v. Y90)
- xxxxx UMICH

Clinical

- Offsite coverage

NCFDD Mentoring Map



Department Colleagues
1. _____
2. _____
3. _____

Professional Editor
1. _____
2. _____

Readers
(see Intellectual Community)

Senior Faculty in Your Department
1. _____
2. _____
3. _____
4. _____

On Campus Mentors
1. _____
2. _____
3. _____
4. _____

Off Campus Mentors
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4. _____

Peer Mentors
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On Campus
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Off Campus
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Other
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Readers

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2. _____
3. _____

25-50%
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50-75%
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2. _____
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75-100%
1. _____
2. _____
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1. _____
2. _____
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4. _____

National Center for Faculty Development & Diversity

Standing on the Shoulders of Giants: Results From the Radiation Oncology Academic Development and Mentorship Assessment Project (ROADMAP)

Emma B. Holliday, MD,[*] Reshma Jagsi, MD, DPhil,[†] Charles R. Thomas Jr, MD,[‡] Lynn D. Wilson, MD, MPH,[§] and Clifton D. Fuller, MD, PhD[*,‡]

[*]The University of Texas MD Anderson Cancer Center, Houston, Texas; [†]The University of Michigan, Ann Arbor, Michigan; [‡]Oregon Health Science Center Knight Cancer Institute, Portland, Oregon; and [§]Department of Therapeutic Radiology, Yale University School of Medicine, Yale Cancer Center, New Haven, Connecticut

Received Sep 4, 2013, and in revised form Sep 17, 2013. Accepted for publication Sep 19, 2013.

Methods and Materials: An institutional review board-approved survey for the Radiation Oncology Academic Development and Mentorship Assessment Project (ROADMAP) was sent to 1031 radiation oncologists employed at an ACGME-accredited residency training program and administered using an international secure web application designed exclusively to support data capture for research studies. Data collected included demographics, presence of mentorship, and the nature of specific mentoring activities. Productivity metrics, including number of publications, number of citations, h-index, and date of first publication, were collected for each survey respondent from a commercially available online database, and m-index was calculated.

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Table 1 Demographics of respondents

Demographic	Response
Gender	72.8% Men (n=115)
	27.2% Women (n=43)
Race/ethnicity	70.9% White/caucasian (n=112)
	22.8% Asian/Pacific Islander (36)
	1.9% African American/Black (n=3)
	1.3% Hispanic/Latino (n=2)
	1.3% Multiracial (n=2)
	1.9% Other (n=3)
Academic degree	66.5% MD/DO (n=105)
	19.0% MD/DO and PhD
	11.5% MD/DO and other degree
Rank	13.3% Chair (n=21)
	15.8% Professor (n=25)
	20.9% Associate professor (n=33)
	46.8% Assistant professor (n=74)
	3.2% Instructor (n=5)
Career duration (y of residency graduation subtracted from 2013)	Median 12 (range, 2-44) y

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Administrative responsibilities	13.9% Residency program director (n=22) 5.1% Medical student clerkship director (n=8) 19.0% Clinical director (n=30) 24.1% Other (n=38) 38.0% No additional administrative responsibilities (n=60)
Clinical workload	19.6% Primarily a clinician (n=31) 49.4% More a clinician than scientist/researcher (n=78) 22.2% Equivalently a clinician and scientist/researcher (n=35) 6.3% More a scientist/researcher than a clinician (n=10) 2.5% Primarily a scientist/researcher (n=4)
Patients on treatment	Median: 16 (range, 0-20) patients
Half-days of clinic	Median: 6 (range, 0-10) days
Protected research Time	78.5% had protected research time (n=124) 21.5% had no protected research time (n=34) Median no. of half-days of protected research time: 2 (range, 0-10)
How well is research time protected? (for those with protected time)	14.5% Very well (n=18) 37.9% Reasonably well (n=47) 37.9% Poorly (n=47) 8.1%% Not at all (n=10) 1.6% No answer (n=2)

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Table 2 Characteristics of the mentoring relationship

A. How much has your mentor…	No. (%) of respondents who stated…			
	A lot	Quite a bit	A little bit	Not at all
Served as a role model?	32 (33.3%)	36 (37.5%)	27 (28.1%)	1 (1.1%)
Promoted your career through networking?	38 (39.6%)	36 (37.5%)	16 (16.7%)	6 (6.2%)
Advised about preparation for advancement?	29 (30.2%)	17 (17.7%)	39 (40.6%)	11 (11.5%)
Advised about getting your work published?	27 (28.1%)	31 (32.3%)	32 (33.3%)	6 (6.2%)
Advised about obtaining funding or other resources?	16 (16.7%)	25 (26%)	43 (44.8%)	12 (12.5%)
Modeled professional and ethical behavior?	33 (34.4%)	37 (38.5%)	20 (20.8)	6 (6.2%)
Advised you about balancing work and family?	12 (12.5%)	13 (13.5%)	42 (43.8%)	29 (30.2%)
Committed to mentoring you?	24 (25%)	46 (47.9%)	23 (24%)	3 (3.1%)
Contributed to the research in your field?	43 (44.8%)	32 (33.3%)	17 (17.7%)	4 (4.2%)
Been available and accessible?	31 (32.3%)	42 (43.8%)	20 (20.8%)	3 (3.1%)
Connected to others of importance in your field?	51 (53.1%)	20 (20.8%)	19 (19.8%)	6 (6.2%)

Standing on the Shoulders of Giants: Results From the Radiation Oncology Academic Development and Mentorship Assessment Project (ROADMAP)

B. Has your mentor been involved in…	No. (%) who responded Yes
Discussing career path, including applying for jobs and/or promotions	11 (11.5%)
Discussing and brainstorming ideas for potential research projects	18 (18.8%)
Advising on potential sources of funding for research/grant applications	7 (7.3%)
Collaborating on research projects as a listed author	14 (14.6%)
Collaborating on research projects where your mentor is NOT a listed author	4 (4.2%)
Reviewing grant applications or manuscripts as a co-PI/coauthor	11 (11.5%)
Reviewing grant applications or manuscripts when NOT a co-PI/coauthor	3 (3.1%)
Recommendations for committees, panels, speaking, or scientific sessions	13 (13.5%)
Providing sources of employment and a recommendation letter(s)	8 (8.3%)
Providing research or training grant monies (eg, serving as PI on T- or K-series from which you received monies)	3 (3.1%)
Serving as joint PI on a grant application(s)	3 (3.1%)
Serving as joint PI on a cooperative group clinical trial	1 (1.04%)

Abbreviations: PI = principal investigator; T-series = Research Training Awards; K-series = Career Development Awards.

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Table 3 Differences in productivity, degree, and time allocation by mentorship status

Productivity	With mentor (n=96)	Without mentor (n=62)	*P*
No. of publications			.042
Mean (95% CI)	102.2 (82.1-122.2)	58.2 (33.2-83.1)	
Median (range)	67.5 (0-498)	22.5 (0-357)	
No. of citations			.070
Mean (95% CI)	2105 (1438-2773)	1122 (292-1953)	
Median (range)	666 (0-22,484)	183 (0-1489)	
h-index			.038
Mean (95% CI)	17.6 (14.4-20.7)	11.2 (7.3-15.2)	
Median (range)	12 (0-75)	6 (0-61)	
m-index	0.92 (0.80-1.03)	0.63 (0.51-0.77)	.001
	0.52 (0-2.5)	0.52 (0-2.47)	
No. of respondents receiving NIH funding (%)	27 (28.1%)	10 (16%)	.042
No. of degree(s) (%)			<.001
MD/DO	53 (55.2%)	52 (83.9%)	
MD/DO, PhD	27 (28.1%)	3 (4.8%)	
MD/DO, other degree	16 (16.6%)	7 (11.3%)	
No. provided with time allocation (%)			<.001
Primarily research	3 (3.1%)	1 (1.6%)	
More research, some clinic	9 (9.3%)	1 (1.6%)	
Equivalent research and clinic	28 (29.1%)	7 (11.3%)	
More clinic, some research	49 (51%)	29 (49%)	
Primarily clinic	7 (7.3%)	24 (38%)	

Academic FM practice, University of Michigan:

N=*62 faculty (83%)*

- **97%** important to have mentor
- Only **45%** had mentor

	ALL Faculty			**JUNIOR** Faculty		
Within last 2 yrs	+ Mentor	– Mentor	p Value	+ Mentor	– Mentor	p Value
Published paper	74.0%	53.0%	0.10	61.0%	45.5%	0.36
Presented a talk nationally	**72.0%**	**39.4%**	**0.01**	56.2%	26.1%	0.06
Taken an educational or leadership role	**76.9%**	**48.3%**	**0.03**	82.4%	57.1%	0.06
Written a grant	42.3%	30.3%	0.34	23.5%	17.4%	0.63

Learning Objectives

- **Describe attributes of an effective mentor**
- ***Mentoring Millennials***
- **Mentee discipline**
- **Mentor Malpractice**
- **IDP (Individual Development Plan)**
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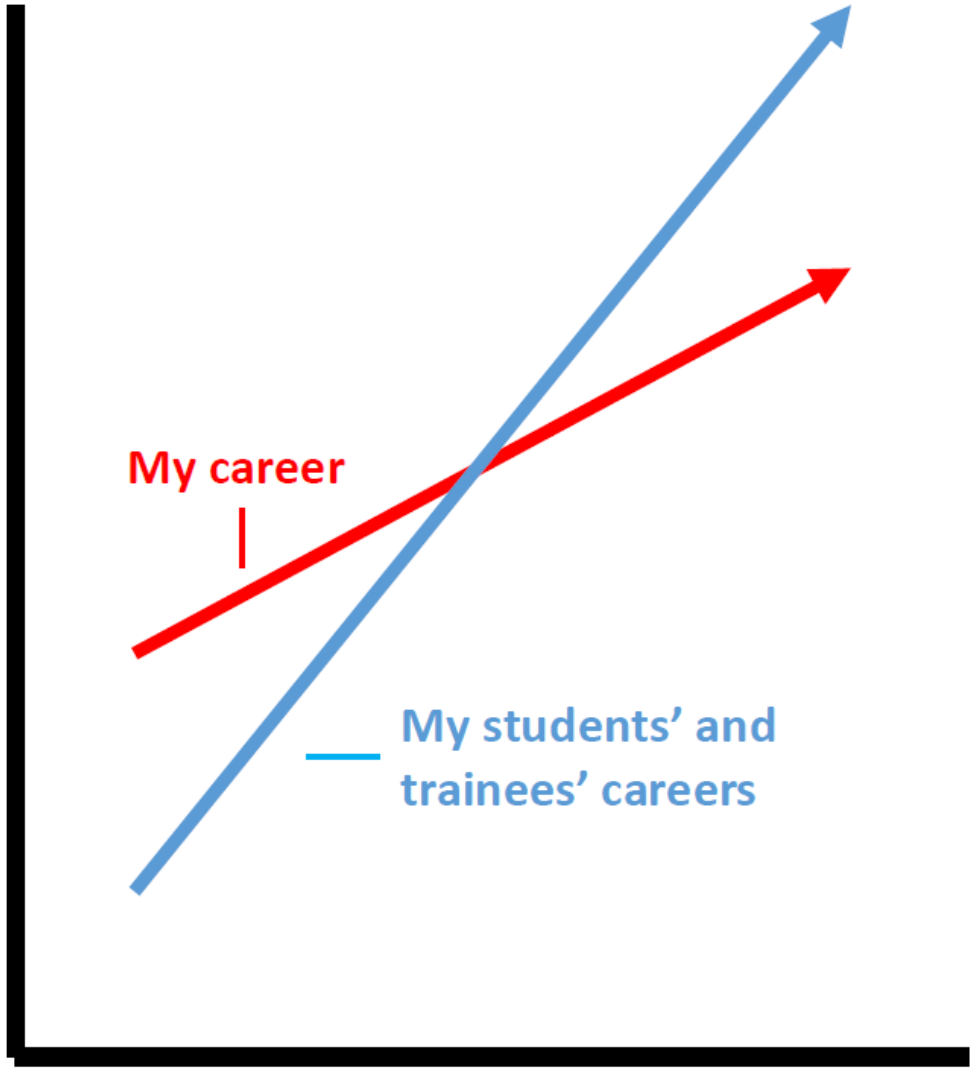
- **Sponsorship**



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Mentoring Millennials

A PIECE OF MY MIND

Jennifer F. Waljee, MD, MPH, MS
Section of Plastic Surgery, Department of Surgery, Michigan Medicine, Ann Arbor.

Vineet Chopra, MD, MSc
Department of Internal Medicine, Michigan Medicine, Ann Arbor.

Sanjay Saint, MD, MPH
Department of Internal Medicine, Michigan Medicine, VA Ann Arbor Healthcare System, Ann Arbor.

Table. Mentoring Millennials: Myths, Truths, and Best Practices

Myth vs Reality	Millennials' Reasons	What to Avoid	What to Embrace
Impatient vs efficient	Accustomed to rapid information and distillation	Inertia	Innovation
Entitled vs motivated	Do not view social distinctions in hierarchy as previous generations	Hierarchy	Autonomy
Lazy vs balanced	Motivated by purpose, organizational mission, and skill over "time in rank" or traditional advancement metrics	Busywork	Purpose
Narcissistic vs empowered	Desire early advancement based on vision and deliverables	Subordinate	Leadership
Social vs collaborative	Have a greater sense of global consciousness	Uniformity	Diversity
Needy vs engaged	Used to instant responses due to social media and technology	Isolation	Community

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- **Describe attributes of an effective mentor**
- **Mentoring Millennials**
- ***Mentor & Mentee discipline***
- **Mentor Malpractice**
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On Being an Effective Mentee: Keys to Success with your Mentor

- **Joint discussion of common expectation and goals**
  - ***Establish a working relationship***
  - ***Keep your mentor informed***
- **Share accomplishments and difficulties with your mentor**
- **Provide feedback on advice given by the mentor**
  - ***Good and bad***
- **Keep your word and your appointments**
- **Seek opportunities**

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Selecting a Mentor

- Does s/he relish the reflected light of the success of prior mentees?
- Does s/he have adequate time?
- Does s/he listen?
- Does s/he respect other mentees?
- Does s/he communicate clearly & consistently?
- Does s/he have regular meetings with other mentees?
- Does s/he respect confidentiality?
- Does s/he provide critical and timely feedback to other mentees on grants, publications, presentations?
- Does s/he help other mentees network?
- Does s/he have a vision for your future career development that does not overlap with that of other mentees?
- Are they showing signs of academic burnout?
- Emotional Intelligence and/or Social Intelligence

Mentor Discipline

	Monday	Tuesday	Wednesday	Thursday	Friday
0830	Research/Meetings	Planning Clinic	Planning Clinic	Planning Clinic	MR Linac Update Mtg
0900	Research/ Meetings	Planning Clinic	Planning Clinic	Planning Clinic	Contouring
0930	S.Lai meetings	Contouring	Consults/Sims	Overflow sims/meetings	Contouring
1000	S.Lai meetings	QA Clinic	Consults/Sims	Overflow sims/meetings	QA Clinic
1030	Research/Meetings	QA Clinic	Consults/Sims	Overflow sims/meetings	QA Clinic
1100	Research/ Meetings	QA Clinic	Consults/Sims	Overflow sims/meetings	QA Clinic
1130	Research/Meetings	QA Clinic	Consults/Sims	Overflow sims/meetings	QA Clinic
1200	Lunch	Lab Meeting	Lunch	Lunch	Lunch
1230	Lunch	Lab Meeting	Lunch	Lunch	Lunch
1300	Consults /Grant Writing	Lab Meeting	Clinic	Grant Writing	Research/Meetings
1330	Consults /Grant Writing	Lab Meeting	Clinic	Grant Writing	Research/ Meetings
1400	Consults /Grant Writing	Research/Writing/Meetings	Clinic	Grant Writing	Research/Meetings
1430	Consults /Grant Writing	Research/Writing/Meetings	Clinic	Grant Writing	Research/Meetings
1500	Consults /Grant Writing	Research/Writing/Meetings	Clinic	Grant Writing	Research/ Meetings
1530	Consults /Grant Writing	Research/Writing/Meetings	Clinic	Grant Writing	Research/Meetings
1600	Consults /Grant Writing	Research/Writing/Meetings	Clinic	Grant Writing	Research/Meetings
1630	Consults /Grant Writing	Research/Writing/Meetings	Clinic/ MR Meeting (monthly)	Grant Writing	Research/ Meetings
Legend	Green=preferred times for meetings	Red=Clinic (avoid meetings if at all possible)	Blue=Research (can schedule meetings if no green availability)	Orange=Education/QA (no meetings)	

"Typical" CDF weekly schedule template

PRESENTED BY: CR Thomas, Jr., https://cancer.dartmouth.edu/radiation-oncology/professionals

A PIECE OF MY MIND

Mentee Missteps
Tales From the Academic Trenches

Valerie Vaughn, MD, MSc
Department of Internal Medicine, University of Michigan Medical School, Ann Arbor.

Sanjay Saint, MD, MPH
VA Ann Arbor Healthcare System, Ann Arbor, Michigan; and the Department of Internal Medicine, University of Michigan Medical School, Ann Arbor.

Vineet Chopra, MD, MSc
Department of Internal Medicine, University of Michigan Medical School, Ann Arbor; and the VA Ann Arbor Healthcare System, Ann Arbor, Michigan.

Mentorship takes many forms, from personal and professional counseling to clinical and research guidance. The wisdom and guidance of experienced mentors not only help mentees ascend the academic ladder, but may also prevent burnout.[1] Given the importance of this relationship, it is imperative that mentees put their "best foot forward." Unfortunately, young physicians are rarely taught what is expected of them as mentees, and mentors vary in discussing "menteeship" with protégés.

Many mentees overlook the fact that they are still learning. Instead, they may feel pressure to appear immediately successful. This desire to please, admixed with paroxysmal bouts of self-doubt, may work against trainees. Rather than appear flawed—or risk displeasing mentors—a mentee may unintentionally "misstep." These missteps could have devastating consequences, including rejection by a mentor and career implosion.

Mentee missteps are thus paths by which mentees might undermine their careers. We outline six such missteps, using colloquial names to portray extreme examples of what are otherwise common, intermittent may be cultivated b especially those who a

The Vampire

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The Lone Wolf

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Table. Diagnosis and Treatment of Mentee Missteps

Phenotype	Description	Diagnostic Signs	Potential Solutions: Mentee	Potential Solutions: Mentor
Conflict Averse				
The Overcommitter	Lacks the ability to say no. Ends up overcommitted and underproducing.	Résumé is filled with a host of committees, volunteer roles, etc, yet few have resulted in academic products such as publications.	Learn to use your mentor or allocated effort as a reason for saying no. Before saying yes to a project, determine which project is now getting a no.	Add new items to this mentee's list only after old ones are completed. Have mentee identify his or her career goals, then stick to projects that align.
The Ghost	Appears extremely enthusiastic and energetic, but then disappears without a trace and without notice—especially when problems arise.	Mentee may agree to assignments but fail to follow up. When questions regarding project deadlines arise, the mentee avoids discussion.	When uninterested, suggest an alternative person who may be interested. Address issues early. To reduce anxiety, be prepared with a planned solution.	Mentees should gauge their true interest in new projects and be allowed to decline. Set goals to address problems forthrightly, and praise mentees for their candor when issues raised.
The Doormat	Mentee is on the receiving end of a manipulative mentor. The mentee's energy is used for things that do not further their career, or for which they do not receive credit.	Mentee spends time on work unrelated to their own career. Review of mentee's progress shows few first-authored papers in mentee's field of interest.	Ask directly how new projects align with goals. Trial of setting goals and boundaries. Seek new mentors. Establish a mentoring committee.	Before assigning a project to a mentee, evaluate if it is in their best interest. Allow mentees to use you as an excuse not to participate in another's projects.
Confidence Lacking				
The Vampire	Mentee requires constant attention and supervision, leaving mentors drained and empty.	Mentee requests approval or clarification for every step of a project, regardless of prior or similar discussions. Lacks conviction; pivots to mirror mentor.	Recognize and embrace feelings of insecurity; talk with other junior faculty likely struggling with similar decisions. Before taking questions to a mentor, vet a solution with a colleague.	Set clear goals and boundaries, including what questions require approval and what do not. Have mentees "put their nickel down" when asking for help.
The Lone Wolf	Assertive, self-motivated, and determined; prefers working alone; believes mentorship is a luxury, not a necessity.	Does not trust others or is afraid to ask for help. Does not work well as part of a team.	Realize that asking for help is critical for learning, not a sign of weakness. Appreciate that working with a team is a key skill for success.	Be specific in things that can be done with and without mentor consultation. Define the mentee's role, as well as the role of other team members.
The Backstabber	This mentee rarely fails, but when this does occur, makes excuses or assigns blame to others rather than to personal missteps.	People who work with this mentee once often don't want to do so again. Has difficulty accepting responsibility for any mistake; avoids negative feedback.	Reframe mistakes as a learning opportunity. Make giving credit and accepting responsibility a daily goal.	Emphasize that honesty, not perfection, is critical in a mentee. If mentee cannot accept this responsibility, seek a new mentee.

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[Your Unapologetic Career Podcast on Apple Podcasts]

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A PIECE OF MY MIND

Mentorship Malpractice

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The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.
Steven Spielberg

The word *mentorship* evokes strong emotional and intellectual chords. In formal parlance, *mentorship* has been defined as "a dynamic, reciprocal relationship in a work environment between an advanced-career incumbent (mentor) and a beginner (mentee) aimed at promoting the career development of both."[1] In our careers in academic medicine, we have seen mentees benefit from mentors through development of critical thinking skills and advice on research ideas, scholarship, and networking opportunities. Similarly, now as mentors we have also benefitted by gaining an ally to support our work, developing larger circles of influence, and establishing legacies as academic leaders. It is thus not surprising that mutually beneficial mentor-mentee relationships are a key predictor of academic success.[2]

While much has been written about the qualities that constitute an ideal mentor,[3] little attention has been given to behaviors that make one less desirable. This gap is important because mentor-mentee relationships are, by definition, unequal, with mentees being more vulnerable. Mentees are also likely to disproportionately suf-

Table. Diagnosing and Treating Mentorship Malpractice

	Phenotype	Underlying Pathology	Diagnostic Symptoms and Signs	Complicit Mentee Acts	Potential Countermeasures
Active Mentorship Malpractice	The Hijacker	Self-preserving behavior related to string of failures.	Academic and intellectual insecurity, financial challenges, limited creativity, fear of being overtaken by others.	Sacrifice first-author positions; name mentor as principal investigator on projects.	Quick and complete exit. There is no way to protect yourself in this relationship.
	The Exploiter	Self-serving philosophy with tendency to self-worship; promotes personal interests over mentees.	Assignment of tasks such as supervising staff, managing projects unrelated to mentee. Believes mentee should be privileged to work with them.	Willing to accept nonacademic chores that support mentor rather than self.	Trial of firm boundary setting and use of additional mentors to evaluate requests. If or when mistrust ensues, exit the relationship.
	The Possessor	Anxious personality with powerful feelings of inadequacy, fears loss of mentee to others.	Specific instructions to not engage with other mentors or collaborators; constant supervision of mentee activities.	Foster isolation by following mentor demands; misinterpret undivided attention.	Insist on a mentorship committee; confront mentor with concerns regarding siloed approach.
Passive Mentorship Malpractice	The Bottleneck	Internal preoccupation coupled with limited bandwidth or interest to support mentee growth.	Often busy with own tasks or projects; limited time to meet face-to-face; inadequate response to requests for help; delays in feedback.	Allow the mentor to set timelines; facilitate behavior by silence or lack of insistence on clarity/detail.	Set firm deadlines and be clear about what happens on those deadlines; follow through with action and articulate frustration with mentor inability to prioritize.
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	The World Traveler	Academic success fueling personal ambitions, travel requirements, desire for fame/appreciation.	Internationally renowned, highly sought-after for speaking engagements. Limited face-to-face time due to physical unavailability.	Accept lack of mentor availability; fail to connect with mentor via alternative methods of communication.	Establish a regular cadence of communication. Reserve time well in advance for in-person meetings. Use alternative methods for communication.

Learning Objectives

- **Describe attributes of an effective mentor**
- **Mentoring Millennials**
- **Mentor discipline**
- ***Mentor Malpractice***
- **IDP (Individual Development Plan)**
- **Reverse Mentoring**
- **Sponsorship**

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Exploiter: Torpedoes mentee's success by saddling them with low yield activities, Self-serving philosophy, self-worship, promotes personal interests over mentee's

Hijacker: Takes hostage of mentee's ideas and labels them as their own, self-preserving behavior related to a string of failures

Possessor: Dominates and isolates mentee, prevents collaboration, anxious personality, fears of inadequacy or loss of mentee to others

Bottleneck: Preoccupied with own priorities, doesn't have bandwidth or desire to attend to mentee's success

Country Clubber: Avoids conflict, needs to be liked, values social order more than mentee growth

Word Traveler: Often internationally renowned, academic success fuels personal ambitions and not much time for face-to-face interactions

A PIECE OF MY MIND

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GAP IN EMOTIONAL INTELLIGENCE and/or SOCIAL INTELLIGENCE and/or FUNCTIONAL ASPERGER SYNDROME

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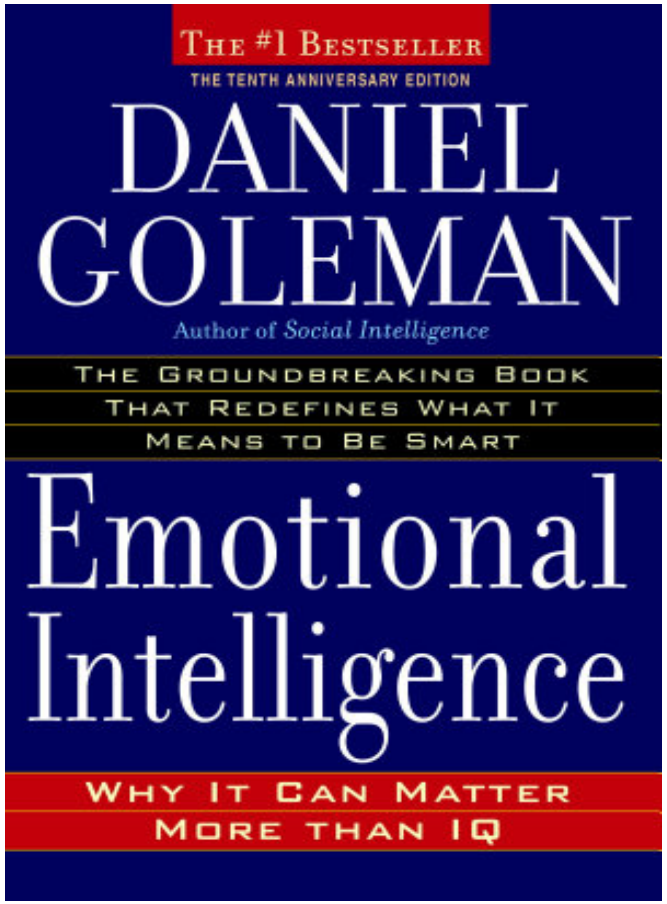
"Emotional intelligence is the subset of social intelligence that involves the ability to monitor one's own and guide others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions[1]."



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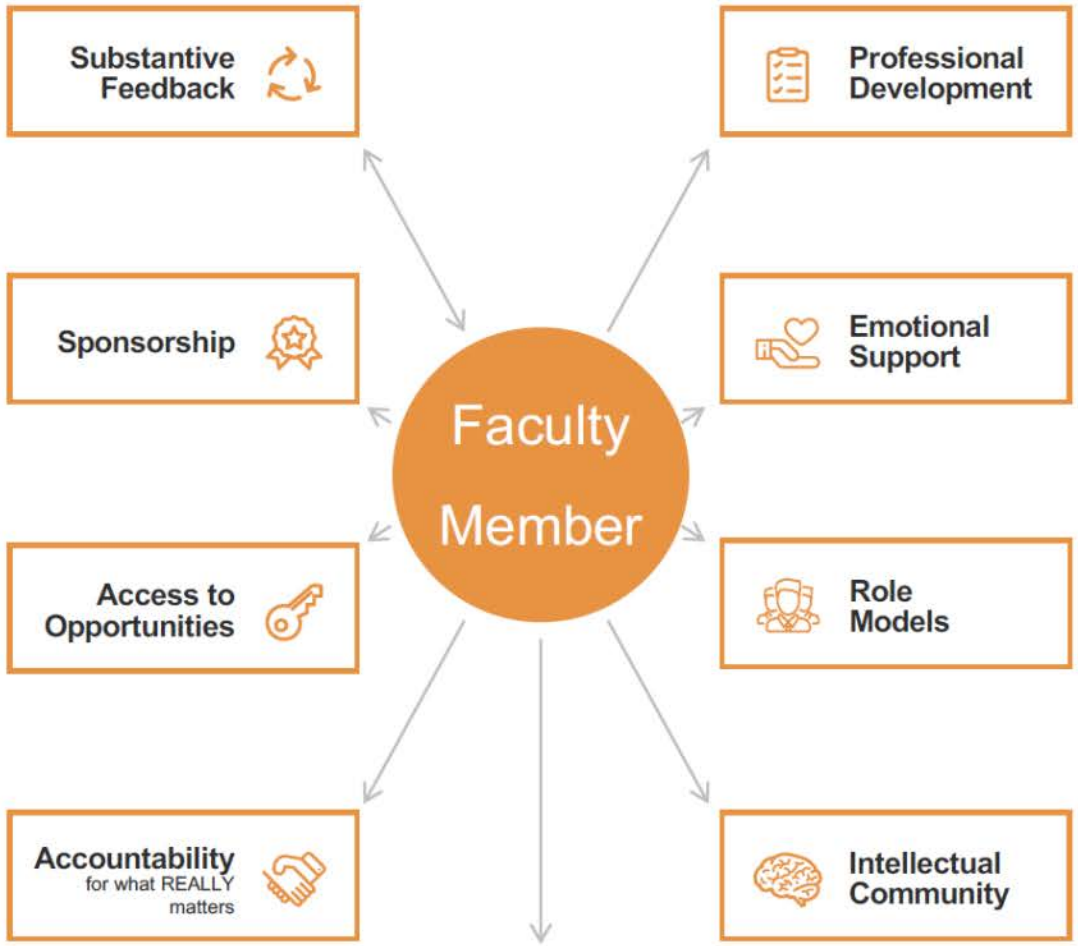
NCFDD Mentoring Map



Department Colleagues
1. _____
2. _____
3. _____

Professional Editor
1. _____
2. _____

Readers
(see Intellectual Community)

Senior Faculty in Your Department
1. _____
2. _____
3. _____
4. _____

On Campus Mentors
1. _____
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Off Campus Mentors
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Peer Mentors
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Off Campus
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Friends
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Readers

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25-50%
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3. _____

50-75%
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3. _____

75-100%
1. _____
2. _____
3. _____

National Center for Faculty Development & Diversity

Does Racial Bias Affect NCI-Funded PIs' Willingness to Mentor Prospective Graduate Students?

Jeffrey D. Robinson[1,4], Nathan Dieckmann[2], Elizabeth Withers[3], Dena Hassouneh[2], and Charles R. Thomas Jr[4]

Abstract

Audit studies suggest that racial discrimination disadvantages black individuals in educational/professional advancement. We hypothesized that prospective black male doctoral students would experience greater disparity in responses when seeking access to National Cancer Institute (NCI)-funded principal investigators (PI) compared with prospective white males. Primary aim was to explore response and acceptance rates for black versus white men seeking cancer research mentorship. Identical e-mails were sent to 1,028 randomly selected PIs affiliated with 65 NCI-designated cancer centers from "Lamar Washington" (black; $n = 515$) or "Brad Anderson" (white; $n = 513$). Primary outcomes: (i) responses within one week; and (ii) type of response. We used logistic regression to examine effects of condition (black/white) on primary outcomes. Approximately 48.3% and 50.0% of the sample responded to "Lamar" and "Brad," respectively. For responders, 40.9% and 43.7% and "agreed" to meet with Lamar and Brad, respectively. This design did not detect bias by PIs against black prospective male students. *Cancer Res; 78(17); 4809–11. ©2018 AACR.*

Learning Objectives

- **Describe attributes of an effective mentor**
- **Mentoring Millennials**
- **Mentor discipline**
- **Mentor Malpractice**
- **IDP (Individual Development Plan)**
- **Reverse Mentoring**
- ***Sponsorship*** *(reverse sponsoring)*

Mentors	vs	Sponsors
Mentors have mentees	→	Sponsors have protégés.
A mentor could be anyone in a position with experience desired by a mentee who can offer advice and support.	→	A sponsor is a senior level staff member invested in a protégé's career success.
Mentors support mentees through formal or informal discussions about how to build skills, qualities and confidence for career advancement	→	Sponsors promote protégés directly, using their influence and networks to connect them to high-profile assignments, people, pay increases and promotions.
Mentors help mentee craft a career vision	→	Sponsors help drive their protégé's career vision
Mentors give mentees suggestions on how to expand their network	→	Sponsors give protégés their active network connections and make new connections for them
Mentors provide feedback to aid a mentee's personal and professional development	→	Sponsors are personally vested in the upward movement of their protégé
Mentors offer insight on how a mentee can increase visibility through finding key projects and people	→	Sponsors champion their protégés visibility, often using their own platforms and reputation as a medium for exposure.
Mentors passively share the "unwritten" rules" for advancement in their organization with mentees	→	Sponsors actively model behavior and involve protégés in experiences that enable advancement

Mentors	vs	Sponsors
Mentors have mentees	→	Sponsors have protégés.
A mentor could be anyone in a position with experience desired by a mentee who can offer advice and support.	→	A sponsor is a senior level staff member invested in a protégé's career success.
Mentors support mentees through formal or informal discussions about how to build skills, qualities and confidence for career advancement	→	Sponsors promote protégés directly, using their influence and networks to connect them to high-profile assignments, people, pay increases and promotions.
Mentors help mentee craft a career vision	→	Sponsors help drive their protégé's career vision
Mentors give mentees suggestions on how to expand their network	→	Sponsors give protégés their active network connections and make new connections for them
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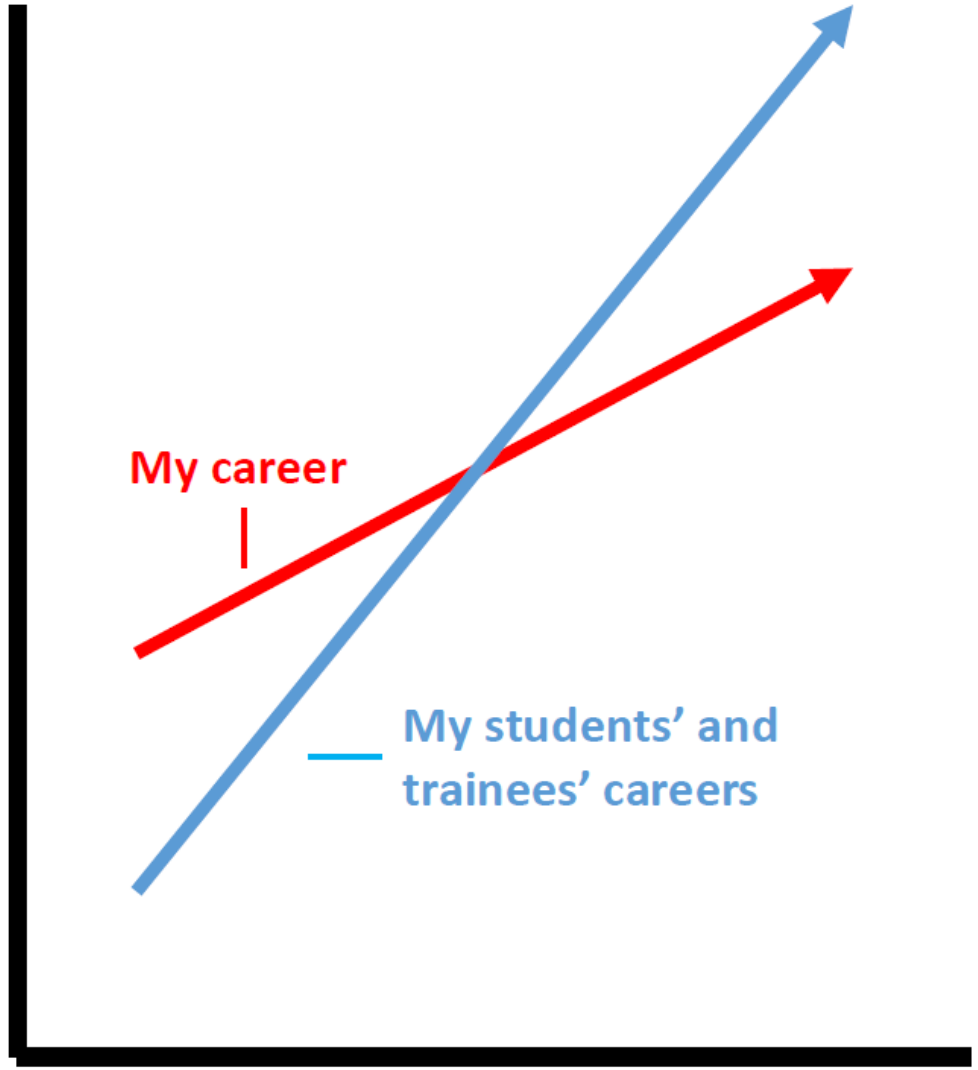

PRESENTED BY: CR Thomas, Jr., https://cancer.dartmouth.edu/radiation-oncology/professionals

Why Men Still Get More Promotions Than Women

Your high-potential females need more than just well-meaning mentors.

by Herminia Ibarra, Nancy M. Carter, and Christine Silva

Minda Zetlin, in a blog called Geek Gap, says, "Your sponsor is the person who will speak on your behalf when you are not in the room. He or she will put your name forward for opportunities that you have no way of knowing about." One respondent in the Catalyst study observed, "A lot of decisions are made when you are not in the room, so you need someone to advocate for you, bring up the important reasons you should advance. I can't think of a person who rose without a sponsor."

- Women are over mentored and under sponsored
- Women are 50% less likely to have sponsors
- Women sponsored by men are statistically more likely to have higher salaries, more high profile opportunities and have earlier promotions

Why Men Still Get More Promotions Than Women

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MENTORS

- Can sit at any level in the hierarchy
- Provide emotional support, feedback on how to improve, and other advice
- Serve as role models
- Help mentees learn to navigate corporate politics
- Strive to increase mentees' sense of competence and self-worth
- Focus on mentees' personal and professional development

SPONSORS

- Must be senior managers with influence
- Give protégés exposure to other executives who may help their careers
- Make sure their people are considered for promising opportunities and challenging assignments
- Protect their protégés from negative publicity or damaging contact with senior executives
- Fight to get their people promoted

A New Way of Thinking About Sponsorship

Sponsorship is not an either/or role—either committing fully or not at all. It's a spectrum of different kinds and degrees of support.

Source: Herminia Ibarra

HBR

Critical difference between mentors, coaches, & sponsors (Hanna, KPMG, Catalyst; 2011)

- **Mentor will *listen to you & speak w/you***
- **Coach will *tell you what to do***
- **Sponsor will *talk about you***

Potential Intersectionality of Coaching & Mentorship

- **Mentor** will *listen to you & speak w/you*
- **Coach** will *tell you what to do*
- Sponsor will *talk about you*

Intersectionality of Sponsorship & Gender

ORIGINAL RESEARCH

"It's a Little Different for Men"—Sponsorship and Gender in Academic Medicine: a Qualitative Study

Rachel B. Levine, MD, MPH, Manasa S. Ayyala, MD, Kimberly A. Skarupski, PhD, Joann N. Bodurtha, MD, MPH, Marlis González Fernández, MD, Lisa E. Ishii, MD, and Barbara Fivush, MD

Department of Medicine, Division of General Internal Medicine, Johns Hopkins School of Medicine, 5200 Eastern Ave./Mason Tower, Suite 2300, Baltimore, MD, USA.

BACKGROUND: Women remain underrepresented in top leadership positions in academic medicine. In business settings, a person with power and influence actively supporting the career advancement of a junior person is referred to as a sponsor and sponsorship programs have been used to diversify leadership. Little is known about how sponsorship functions in academic medicine.

OBJECTIVE: To explore perceptions of sponsorship and its relationship to gender and career advancement in academic medicine.

DESIGN: Qualitative study using semi-structured, one-on-one interviews with sponsors and protégés.

PARTICIPANTS: Twelve sponsors (clinical department chairs) and 11 protégés (participants of a school of medicine executive leadership program [$N = 23$]) at the Johns Hopkins School of Medicine.

KEY RESULTS: All sponsors were men and all were professors, six of the 11 protégés were women, and four of the 23 participants were underrepresented minorities in medicine. We identified three themes: (1) people (how and who): women seek out and receive sponsorship differently; (2) process (faster and further): sponsorship provides an extra boost, especially for women; and (3) politics and culture (playing favorites and paying it forward): sponsorship and fairness. Informants acknowledge that sponsorship provides an extra boost for career advancement especially for women. Sponsors and protégés differ in their perceptions of how sponsorship happens. Informants describe gender differences in how sponsorship is experienced and specifically noted that women were less likely to actively seek out sponsorship and be identified as protégés compared to men. Informants describe a tension between sponsorship and core academic values such as transparency, fairness, and merit.

CONCLUSION: Sponsorship is perceived to be critical to high-level advancement and is experienced differently by women. Increased understanding of how sponsorship works in academic medicine may empower individual faculty to utilize this professional relationship for career advancement and provide institutions with a strategy to diversify top leadership positions.

J Gen Intern Med 36(1):1–8
DOI: 10.1007/s11606-020-05956-2

INTRODUCTION

As in almost every other field where g
present, academic medicine, too, conti
Disparities in salary [1, 2], grant funding
and retention [5] remain and there has l
affect work culture in a way that fully ad
barriers and ensures that women have t
support needed to reach their highest
disparity is starkly evident in top leadersl
remain stubbornly underrepresented in
ship positions such as medical school
department chairs (19%) and there has l
over the past 10 years [7, 8]. These leader
especially important because they come
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addressing sexual harassment in the wor

Multiple reasons for women's continue
include poor or absent mentoring [13–15], la
sources, space, funding) [16], work-life choic
and unconscious gender bias [19–21]. Minorit
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pacted when it comes to academic advance
leadership positions [22]. By training the n
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to promote gender equity more broadly [23].

Many have looked beyond academic me
and are shining a light on sponsorship as a
diversity [24–31]. In business settings, spons
sional relationship that focuses on career
rests on power [32, 33]. In business, mentor

Table 1 Semi-structured interview question prompts

Sponsor	Protégé
How do you think sponsorship works in academic medicine?	How do you think sponsorship works in academic medicine?
Can you describe specific activities that you consider as sponsorship?	Can you describe specific activities that you consider as sponsorship?
How can sponsorship influence paths to leadership?	How can sponsorship influence paths to leadership?
Did you have sponsors? If yes, how has sponsorship promoted your career?	Did/do you have a sponsor/s? If yes, how has that person or persons promoted your career?
If you have sponsored someone, what did you look for in terms of attributes or qualities of that person?	What do you believe are some of the qualities necessary to be a successful sponsor in academic medicine?
What is essential for a successful sponsor/protégé relationship?	What is essential for a successful sponsor/protégé relationship?
Who gets selected for sponsorship? Do you think women experience sponsorship differently?	Have you ever actively sought out a sponsor? If so, why? Did you have a specific sponsorship activity in mind?
When in a career do you think sponsorship becomes most important?	Who gets selected for sponsorship? Do you think women experience sponsorship differently?
What are the benefits of sponsorship in academic medicine? What are some drawbacks to sponsorship in academic medicine?	When in a career do you think sponsorship becomes most important?
Do you think sponsorship could be promoted through a structured program?	What are the benefits of sponsorship in academic medicine? What are some drawbacks to sponsorship in academic medicine?
How is sponsorship different from mentorship?	Do you think sponsorship could be promoted through a structured program?
	How is sponsorship different from mentorship?

Intersectionality of Sponsorship & Gender

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Challenges/Risks for Sponsors

- **Time constraints**
- **Risk to sponsor’s reputation**

Invited Commentary

Biomarkers in Nonmetastatic Castrate-Resistant Prostate Cancer
A Step in the Right Direction

David D. Yang, MD; Brandon A. Mahal, MD; Luke R. G. Pike, MD, DPhil

Invited Commentary

Concurrent Chemoradiotherapy for Stage IIIB Cervical Cancer—Global Impact Through Power

Chika R. Nwachukwu, MD, PhD; Jyoti Mayadev, MD; Akila N. Viswanathan, MD, MPH

EDITORIAL

Sequential Chemotherapy for Early-Stage, Post-Radical Hysterectomy Cervical Cancer
Are the STARS Aligned?

Leslie M. Randall, MD; Jyoti Mayadev, MD; Bradley J. Monk, MD

Invited Commentary

Radiation Dose and Fractionation in Locally Advanced Lung Cancer
A Simple Question With a Complicated Answer

Melin J. Khandekar, MD, PhD; Florence K. Keane, MD

Invited Commentary

When Radiotherapy and Immunotherapy Dance—Who Leads So as Not to Step on Toes?

Fiyinfolu Balogun, MD, PhD; David Raben, MD

Immune checkpoint inhibitors (ICIs) have revolutionized the treatment of several cancers, significantly increasing survival in advanced disease. A substantial proportion of these patients have received radiotherapy (RT) prior to or after ICI

Understandably, RT techniques and dose delivery have greatly improved over the past few decades with the advent of intensity-modulated techniques that limit high RT doses to important normal structures. We have also trended

Invited Commentary

Unravelling the Mechanisms of Cancer-Related Cognitive Dysfunction in Non–Central Nervous System Cancer

Shawn L. Hervey-Jumper, MD; Michelle Monje, MD, PhD

Over the past 30 years, a growing body of evidence has emerged demonstrating that many patients with systemic cancer experience cancer-related cognitive impairments (CRCIs).[1]

that contribute to myelin plasticity. These processes are strongly associated with microenvironmental interactions.

Cancer therapies, such as chemotherapy and cranial ra-

Invited Commentary

Tumor Coverage vs Healthy Tissue Sparing—What Is the Balance When Palliation Is the Goal?

Ashley A. Weiner, MD, PhD; Joel E. Tepper, MD

EDITORIAL

Predicting Radiation-Induced Heart Disease and Survival—Is Location the Key?

Carmen Bergom, MD, PhD; David Rayan, DO; Sherry-Ann Brown, MD, PhD

More than half of all patients with cancer receive radiation therapy. While radiation is a critical component of cancer treatment for many malignancies, incidental cardiac radiation ex-

become more common, providing evidence that the location of the dose within the heart is important for long-term cardiac morbidity risk.[4-7,10,11] Associations between radiation doses

Invited Commentary

High-risk Medulloblastoma—Balancing the High Stakes of Molecular Profiling to Enhance Treatment Responsivity

Allison M. Martin, MD; Sadhana Jackson, MD

Children with high-risk medulloblastoma have relatively poor survival rates, with few studies demonstrating durable treat-

group with localized disease with histologic diffuse anaplasia, regardless of randomization. This high survival rate indicates

EDITORIAL

Physician-Patient Communication—An Actionable Target for Reducing Overly Aggressive Care Near the End of Life

Jeffrey D. Robinson, PhD; Reshma Jagsi, MD, DPhil

Invited Commentary

Are We Finally Ready for the Widespread Adoption of Stereotactic Radiation in Gynecologic Cancers?

Vonetta M. Williams, MD, PhD; Onyinye Balogun, MD, MSc; Kaled Alektiar, MD

In this issue of *JAMA Oncology*, Leung et al[1] present the first prospective phase 1/2 single-group trial, The Stereotactic Pevlic Adjuvant Radiation Therapy in Cancers of the Uterus

7 to 10 after the start of radiotherapy (which would have been within 3 to 7 weeks after completion of radiation treatment in SPARTACUS), the toxic effects were similar between the groups.

Invited Commentary

Induction Chemotherapy for Advanced Nasopharyngeal Carcinoma—Is This the New Standard of Care?

Maurice Willis, MD

Nasopharyngeal carcinoma (NPC) has a distinct cause and geographic distribution predominantly seen in Southeast Asia. More than 50% of patients with NPC present with locally

based on Response Evaluation Criteria in Solid Tumors, version 1.1 criteria.

The primary outcome was failure-free survival. The sec-

Invited Commentary

Forging a Path for Metformin Use in Inoperable Locally Advanced Non-Small Cell Lung Cancer

Chukwuka Eze, MD; Claus Belka, MD, PhD; Farkhad Manapov, MD, PhD

Invited Commentary

Stereotactic Radiotherapy and Resection of Brain Metastases
The Role of Hypofractionation

Debra Nana Yeboa, MD; Iris C. Gibbs, MD

Invited Commentary

Racist Factors Underlying Prostate Cancer Disparities

Michael Poulson, MD, MPH

Much work has been done in documenting the disparities between US Black and White individuals across different domains of medicine. For prostate cancer, in particular, Black men are more likely to present at an advanced stage, less likely to undergo surgical resection, and have higher overall mortality.[1] However, the bulk

legal and extralegal measures. This segregation was solidified by the Federal Housing Administration, created during the New Deal era in the wake of the Great Depression to provide government-backed home loans that would make homeownership more accessible and affordable.[6] However, as part of this program, maps of urban centers were commissioned to assess the investment risk of certain neighborhoods. The wor-

Related article

VIEWPOINT

The Changing Role of Whole-Brain Radiotherapy
Demise or Time for Selective Usage?

Minesh P. Mehta, MD, FASTRO
Miami Cancer Institute, Miami, Florida.

Hidefumi Aoyama, MD
Niigata University, Niigata, Japan.

Vinai Gondi, MD
Northwestern Medicine Cancer Center, Warrenville, Illinois.

Is there a role for whole-brain radiation therapy in the treatment of brain metastases?—Yes.

Whole-brain radiotherapy (WBRT), has been integral in the management of brain metastases (BrM), but some recent trials have raised important questions regarding WBRT.

In the QUARTZ trial,[1] 538 patients with non–small-cell lung cancer (NSCLC) BrM were randomized to WBRT or best supportive care. No survival difference was observed (8-9 weeks median overall survival [OS] for both). The obvious conclusion from is that WBRT does not pro-

ease-specific graded prognostic assessment (DS-GPA). Patients with NSCLC BrM and favorable DS-GPA experienced categorical improvement in median OS (16.7 vs 10.6 months; HR, 1.92; $P = .04$), with WBRT plus SRS. In NSCLC, improved intracranial control is categorically achieved with WBRT, and in appropriate patients, this would improve median OS. Therefore the Alliance trial[2] should not be used to make a blanket selection against WBRT in patients with NSCLC with 1 to 3 BrM.

Prior randomized data indicated that WBRT and SRS decreased local and distant brain failure without improv-

Invited Commentary

Radiotherapy Deferral in Medulloblastoma

Arnold C. Paulino, MD; Jerry J. Jaboin, MD, PhD

Challenges/Risks for Sponsors

- **Time constraints**
- **Risk to sponsor’s reputation**
- **Protégé pressure to perform & risk to protégé’s reputation**
- **Limited pool of sponsors**

Mentorship Experiences of Early-Career Academic Radiation Oncologists in North America

Nafisha Lalani, MD, FRCPC,* Kent A. Griffith, MS,†
Rochelle D. Jones, MS,† Daniel E. Spratt, MD,‡
Jennifer Croke, MD, FRCPC,* and Reshma Jagsi, MD, DPhil†,‡

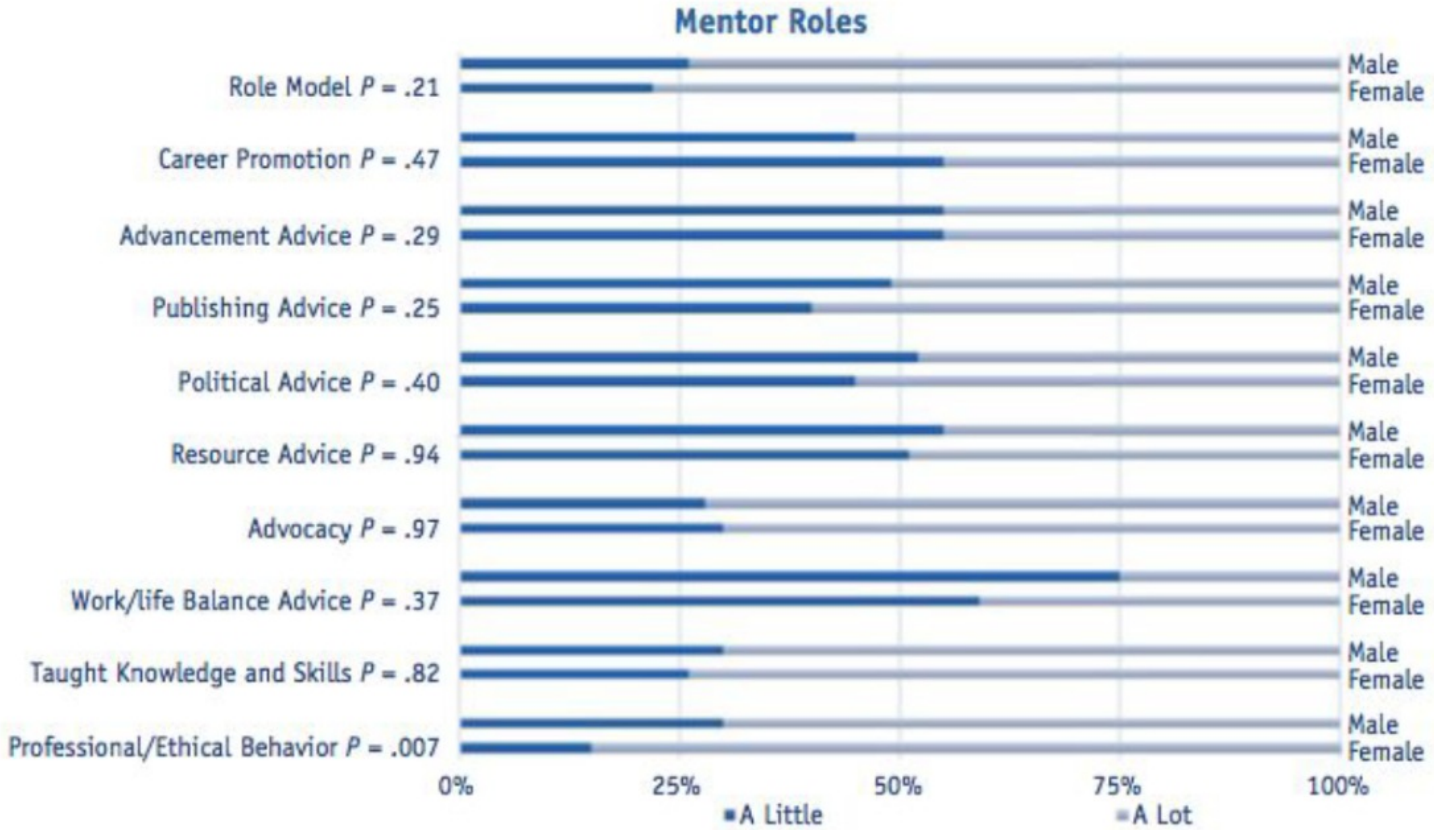

Fig. 3. Comparison of mentoring roles by gender. The extent to which respondents felt that they had received various forms of mentoring is illustrated by gender. *P* values are given for differences by gender in multivariable models that adjusted for years in practice, nature of research, possession of higher degrees, and race. The top line in each category represents male respondents, while the bottom line represents female respondents.

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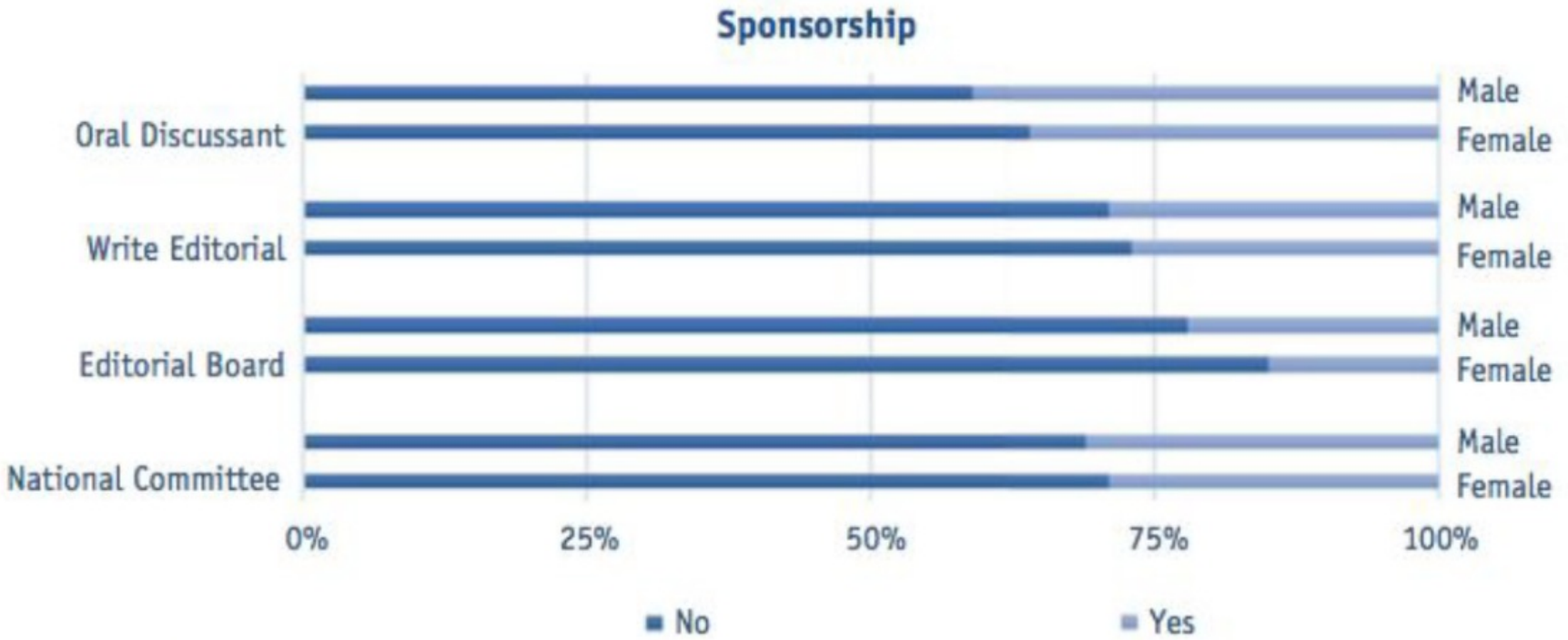

Fig. 2. Comparison of sponsorship opportunities by gender. The extent to which respondents felt that they had received invitations for academic opportunities based on interactions with their mentors is illustrated. The top line in each category represents male respondents, while the bottom line represents female respondents.

Elizabeth W. Patton, MD, MPhil, MSc
Kent A. Griffith, MS
Rochelle D. Jones, MS
Abigail Stewart, PhD
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Reshma Jagsi, MD, DPhil

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Corresponding Author: Reshma Jagsi, MD, DPhil, Department of Radiation Oncology, University of Michigan, 1500 E Medical Center Dr, UHB2C490, SPC 5010, Ann Arbor, MI 48109 (rjagsi@med.umich.edu).

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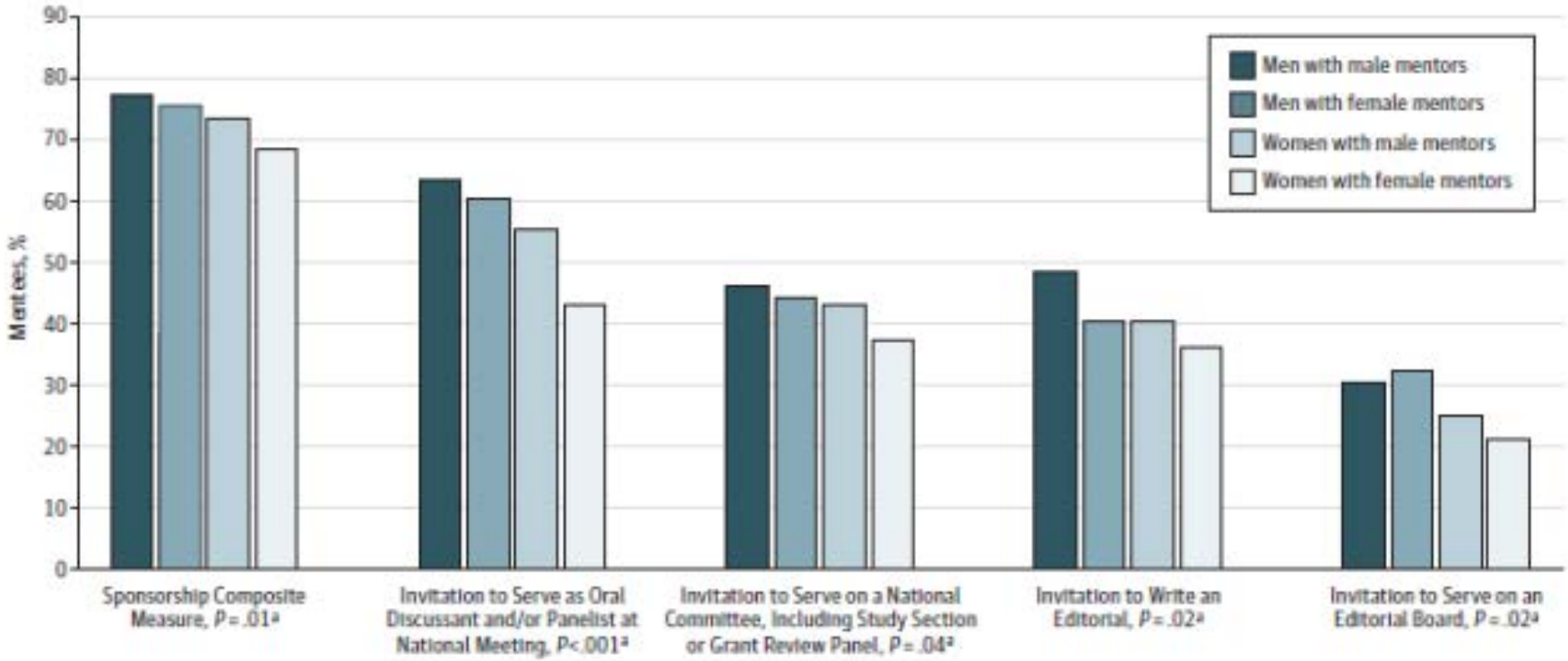
Academic Success

- Men with sponsors 72%
- Women with sponsors 59%
- Men without sponsors 58%
- Women without sponsors 45%

Figure. Experiences of Sponsorship by Sex



This graph depicts self-reported experiences of sponsorship by K08 and K23 award recipients for men with male mentors (n = 442), men with female mentors (n = 89), women with male mentors (n = 323), and women with female mentors (n = 131). Unadjusted percentages are depicted for each of 4 individual sponsorship experiences and for a composite binary measure of having reported at least 1 of the 4 individual experiences.

[a] *P* values evaluate the presence of a difference between men and women holding National Institutes of Health (NIH) Mentored Career Development (K) awards in regression models that adjust for other demographic characteristics (age, race), job characteristics (grant type, year of grant award, medical specialty), level of funding for the NIH institute that granted the K award, and level of NIH funding received by the individual's institution of employment.

Move from transactional to relational

– “Mentor” vs. “Supervisor” vs. “Sponsor”

Who are my mentors/mentees?

- Parable of Good Samaritan/ “Who is my neighbor?”

Pointed Question 1: When was the last time *you* cared about someone else’s career development?

Pointed Question 2: Do you care enough to doggedly hunt for a mentor/mentees? If not, why should you expect more?

Leadership Opportunities to Survey Values of Academic Medicine Dept Chairs on Topics

Society of Chairs of Academic Radiation Oncology Programs—Endorsed Radiation Oncology Department Review Process

Charles R. Thomas Jr, MD,* James A. Bonner, MD,† Stephen M. Hahn, MD,‡ Theodore S. Lawrence, MD, PhD,§ Fei-Fei Liu, MD, PhD,|| and Silvia C. Formenti, MD¶, on behalf of the Society of Chairs of Academic Radiation Oncology Programs

*Department of Radiation Medicine, Oregon Health & Science University, Portland, Oregon; †Department of Radiation Oncology, University of Alabama at Birmingham, Birmingham, Alabama; ‡MD Anderson Cancer Center, Houston, Texas; §Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan; ||Department of Radiation Oncology, Princess Margaret Cancer Center, Toronto, Ontario, Canada; and ¶Department of Radiation Oncology, New York University, New York, New York

https://www.astro.org/Affiliate/SCAROP

Women in Radiation Oncology

Gender, Professional Experiences, and Personal Characteristics of Academic Radiation Oncology Chairs: Data to Inform the Pipeline for the 21st Century

Whitney H. Beeler, MD,* Kent A. Griffith, MS,† Rochelle D. Jones, MS,* Christina H. Chapman, MD,‡ Emma B. Holliday, MD,§ Nafisha Lalani, MD,‖ Emily Wilson, BSFS,¶ James A. Bonner, MD,# Silvia Chiara Formenti, MD,** Stephen M. Hahn, MD,†† Shalom Kalnicki, MD,‡‡ Fei-Fei Liu, MD,§§ Benjamin Movsas, MD,‖‖ Charles R. Thomas, Jr, MD,¶¶ and Reshma Jagsi, MD, DPhil*

*Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan; †Department of Biostatistics, University of Michigan, Ann Arbor, Michigan; ‡Department of Radiation Oncology, University of Michigan, Ann Arbor, Michigan; §Department of Radiation Oncology, MD Anderson Cancer Center, Houston, Texas; ‖University of British Columbia, Vancouver, British Columbia, Canada; ¶ASTRO, Fairfax, Virginia; #University of Alabama at Birmingham, Birmingham, Alabama; **Weil Cornell Radiation Oncology, New York, New York; ††The University of Texas MD Anderson Cancer Center, Houston, Texas; ‡‡Albert Einstein College of Medicine, Bronx, New York; §§Princess Margaret Cancer Centre, University Health Network, Toronto, Ontario, Canada; ‖‖Henry Ford Health System, Detroit, Michigan; and ¶¶Oregon Health & Science University, Portland, Oregon

https://pubmed.ncbi.nlm.nih.gov/30684662/

Emotional Intelligence and Burnout in Academic Radiation Oncology Chairs

Emma B. Holliday, MD, assistant professor, Division of Radiation Oncology, University of Texas MD Anderson Cancer Center, Houston; James A. Bonner, MD, chair, Department of Radiation Oncology, University of Alabama, Birmingham; Silvia C. Formenti, MD, chair, Department of Radiation Oncology, Weill Cornell Medical College, New York, New York; Stephen M. Hahn, MD, chair, Division of Radiation Oncology, University of Texas MD Anderson Cancer Center; Shalom Kalnicki, MD, chair, Department of Radiation Oncology, Albert Einstein College of Medicine, Bronx, New York; Fei-Fei Liu, MD, chair, Radiation Medicine Program, University Health Network, Princess Margaret Cancer Centre, University of Toronto, Ontario, Canada; Benjamin Movsas, MD, chair, Department of Radiation Oncology, Henry Ford Hospital, Detroit, Michigan; Clifton D. Fuller, MD, PhD, associate professor, Division of Radiation Oncology, University of Texas MD Anderson Cancer Center; and Charles R. Thomas, Jr., MD, chair, Department of Radiation Medicine, Knight Cancer Institute, Oregon Health & Science University, Portland

https://pubmed.ncbi.nlm.nih.gov/28885530/

EXECUTIVE SUMMARY

The importance of emotional intelligence (EI) in physicians has attracted attention as researchers begin to focus on the relationship of EI to retention, promotion, and productivity among academic physicians. However, to date, no formal evaluation of EI has been conducted among current department chairs. The objectives of this study were to assess the EI of current chairs of academic radiation oncology departments and to correlate EI with a self-reported assessment of burnout.

The authors invited 95 chairs of academic radiation oncology departments to participate in a survey, approved by an institutional review board, consisting of the Trait Emotional Intelligence Questionnaire Short Form (TEIQue-SF) and the abbreviated Maslach Burnout Inventory (a-MBI). TEIQue-SF scores were evaluated for correlation with respondents' demographics and self-reported burnout scores on the a-MBI. Sixty chairs responded to the survey, for a response rate of 63.2%. The median (interquartile range) TEIQue-SF for the responding cohort was 172 (155–182) out of a maximum possible score of 210. The a-MBI emotional exhaustion and depersonalization subscores were low, with median (interquartile range) scores of 4 (2.25–6.75) and 1 (0–2.75) out of maximum

https://pubmed.ncbi.nlm.nih.gov/29477292/

Clinical Investigation: The Profession

Burnout in United States Academic Chairs of Radiation Oncology Programs

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Summary

The prevalence of burnout among chairs of radiation oncology is unknown. We performed an anonymous survey of chairs of academic radiation oncology departments and observed high rates of job satisfaction in conjunction with high rates of moderate burnout. Approximately one-quarter of respondents indicated a moderate likelihood of stepping down in the near future, with possible contribution from burnout. These

Purpose: The aims of this study were to determine the self-reported prevalence of burnout in chairs of academic radiation oncology departments, to identify factors contributing to burnout, and to compare the prevalence of burnout with that seen in other academic chair groups.

Methods and Materials: An anonymous online survey was administered to the membership of the Society of Chairs of Academic Radiation Oncology Programs (SCAROP). Burnout was measured with the Maslach Burnout Inventory-Human Services Survey (MBI-HSS).

Results: Questionnaires were returned from 66 of 87 chairs (76% response rate). Seventy-nine percent of respondents reported satisfaction with their current positions. Common major stressors were budget deficits and human resource issues. One-quarter of chairs reported that it was at least moderately likely that they would step down in the next 1 to 2 years; these individuals demonstrated significantly higher emotional exhaustion. Twenty-five percent of respondents met the MBI-HSS criteria for low burnout, 75% for moderate burnout, and none for high burnout. Group MBI-HSS subscale scores demonstrated a pattern of moderate emotional exhaustion, low depersonalization, and moderate personal accomplishment, comparing favorably with other specialties.

Conclusions: This is the first study of burnout in radiation oncology chairs with a high response rate and using a validated psychometric tool. Radiation oncology chairs share similar major stressors to other chair groups, but they demonstrate relatively high job satisfaction and lower burnout. Emotional exhaustion may contribute to the anticipated turnover in coming years. Further

https://pubmed.ncbi.nlm.nih.gov/24189126/

The Profession

Qualitative Assessment of Academic Radiation Oncology Department Chairs' Insights on Diversity, Equity, and Inclusion: Progress, Challenges, and Future Aspirations

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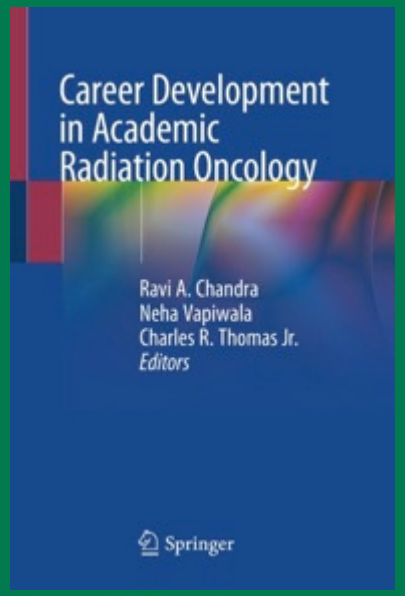
- Provides a career development guide for radiation oncology professionals
- Offers advice for all stages of career, from those starting out to those who are well established
- Includes practical guidance for things like writing CVs and interviewing while also considering overall life and career goals

Book

https://link.springer.com/book/10.1007/978-3-030-71855-8



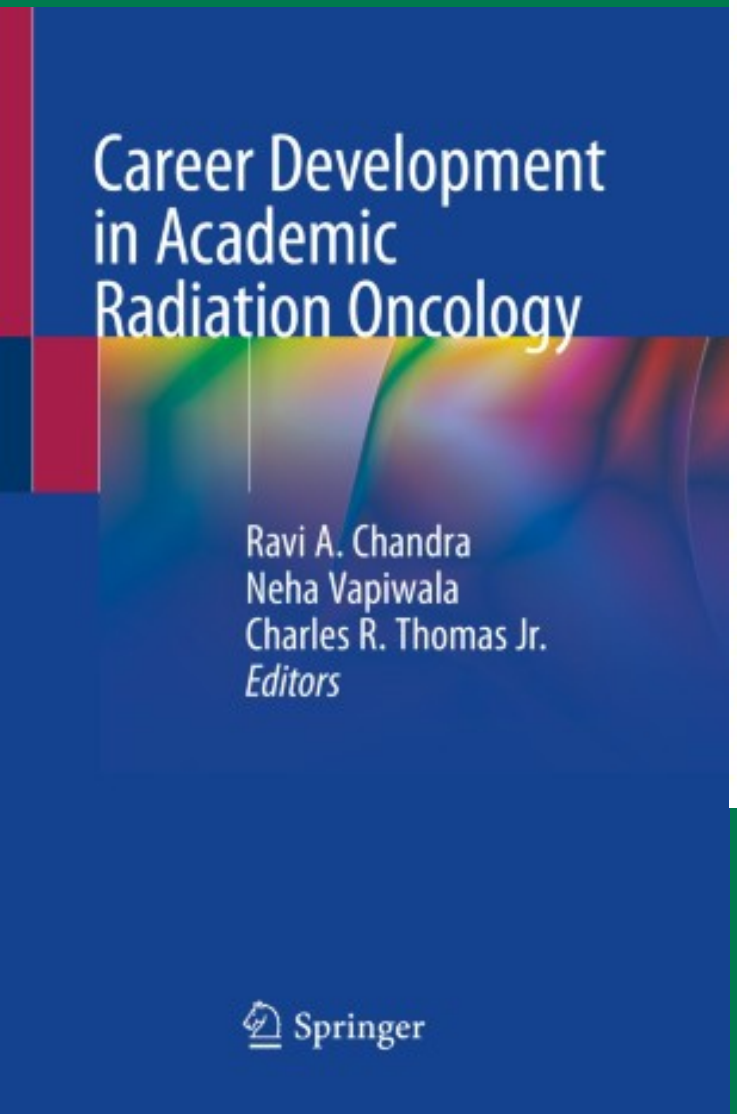
About this book

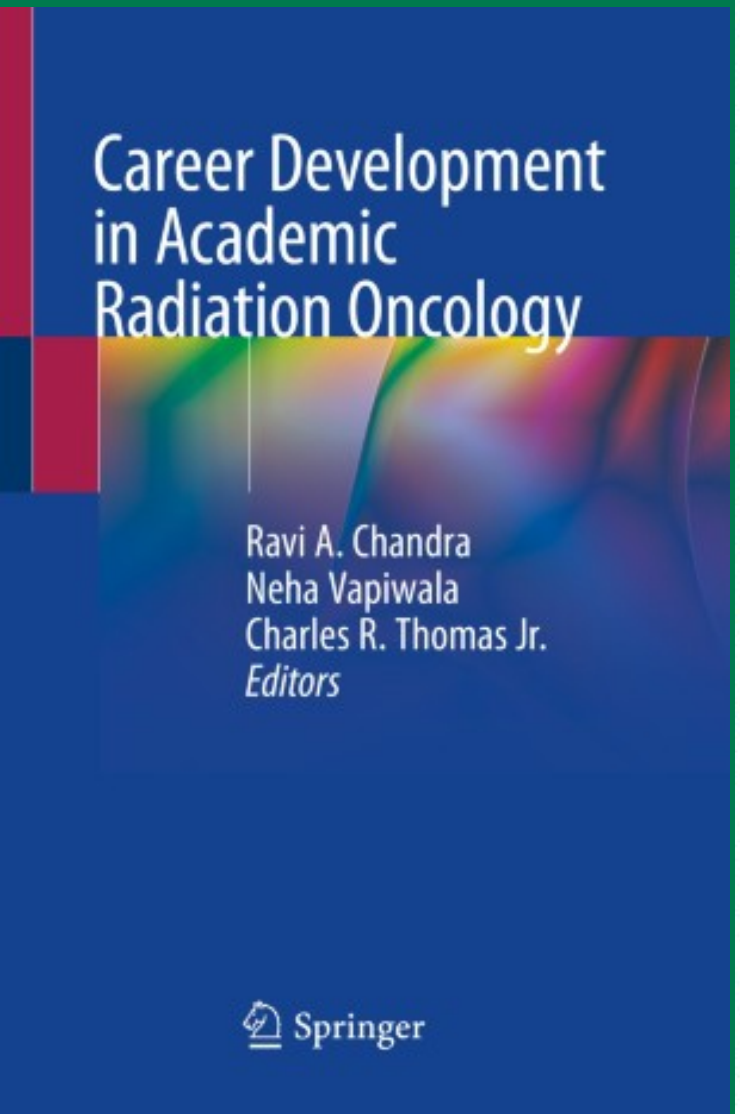
Introduction

This book offers comprehensive career development advice for professionals in radiation oncology. While numerous texts have been published to advise medical students on entry into the specialty, and to guide residents and junior faculty with exam preparation, there remains a need for a comprehensive resource that covers topics pertinent to a successful career within radiation oncology. This text has been edited and written by leading experts in the field, and offers multiple unique vantage points.

This work is divided into five sections covering career planning, applying to faculty positions, early career development, mid and senior career considerations, and contextual issues. Throughout the text, authors balance "nuts and bolts" (e.g., preparing your CV and evaluating a contract) with big picture considerations. Each chapter is written concisely, yet comprehensively, from the vantage point of a mentor advising a mentee; questions to review with local mentors and additional reading suggestions are also provided. Issues of workforce disparities, conscious and unconscious bias, work-life equilibrium, and interpersonal conflict, and how these may impact one's career path, are also closely addressed. While the work is primarily targeted to those pursuing career paths within academic medicine, there is also distinct value and tailored content for trainees and radiation oncologists practicing in hospital-based, hybrid or community settings.

In a period of rapid change in the healthcare sector and cancer care more specifically, this book will serve as the premier reference for those pursuing an independent career in radiation oncology.





Dartmouth Radiation Historic Innovations

- **1896 Dartmouth: first diagnostic radiograph in the U.S.**
- **1956 First coined the term Artificial Intelligence (AI)**
- **1973 First betatron in New England* (45 MV photons)**
- **1997 First 3-D planning (including tissue heterogeneities) in New England**
- **2001 First hyperbaric oxygen program located within a New England rad onc dept**
- **2003 First routine use of IMRT in New England**
- **2004 First demonstration of cardiac gating**
- **2004 First use of Pd-103 coils worldwide**
- **2004 Therasphere: 1 of 24 centers in U.S.**
- **2005 First daily IGRT for prostate in New England**
- **2013 Single-isocenter, multi-focal SRS**
- **2013 First human imaging of Cerenkov emissions during EBRT**
- **2014 Varian 6-DoF couch (2nd in US; 4th worldwide)**
- **2015 Developed Fusion Coil with Cortex Engineering for robust X-ray & MRI imaging**
- **2016 First clinical application of EPR-based oximetry in cancer patients**
- **2016 Development of Cherenkov applications**
- **2017 Space OAR - First center in northern New England**
- **2020 MRI-Linac ViewRay: one of first half-dozen in USA**
- **2021 FLASH XRT – First with modified LINAC delivery**

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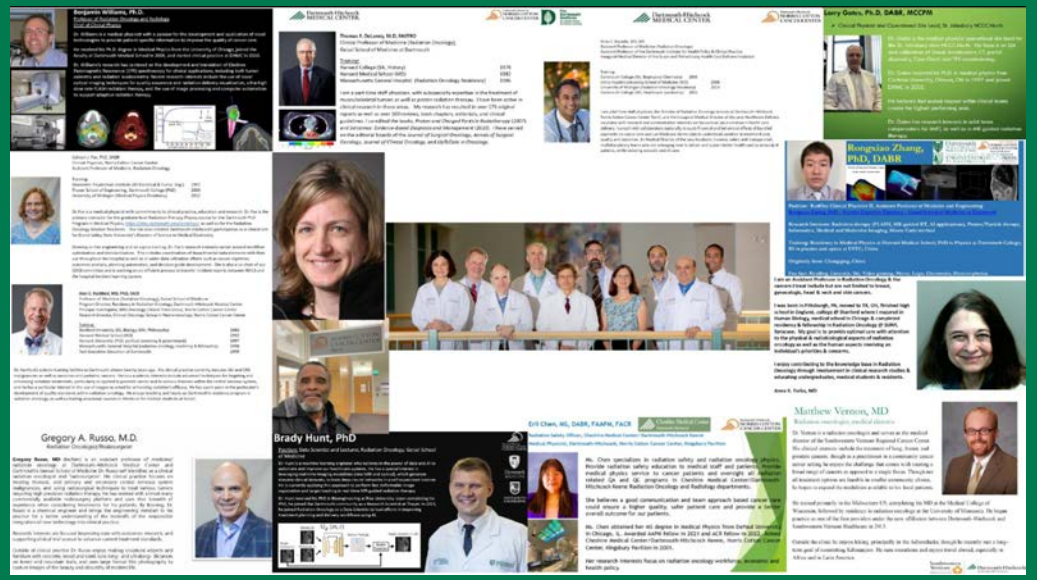

https://cancer.dartmouth.edu/radiation-oncology/professionals#mentorship

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