

Training Better Mentors: Using Interpersonal Effectiveness Skills and Structured Tools to Enhance Mentorship Skills

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Educational Objectives

By the end of this activity, learners will be able to:

1. Describe the role and function of multiple, different, structured tools in mentorship
2. Articulate the importance of interpersonal effectiveness skills in effective mentorship
3. Explain skills to effectively support mentees challenges in team leadership, conflict, and change management
4. Illustrate their own philosophical approach to mentorship

Abstract

Introduction: Academic faculty know the importance of mentoring, but most receive limited or no training to how to approach mentorship or what skills to use with their mentees. Effective mentor training programs should be longitudinal in nature, agnostic to areas of academic focus (i.e. not just for careers focused on research or education), focused, at their core, on interpersonal effectiveness skills, and incorporate peer mentoring as a component of teaching. **Methods:** A six-month, longitudinal Mentor Development Program, focused on training interpersonal effectiveness skills within a mentoring framework, was developed to incorporate didactic teaching, experience-based learning, and peer mentorship in the training of mid and late-career mentors at an academic medical center. **Results:** Following course completion, participants showed statistically significant improvement in their confidence in their mentorship skills overall, their knowledge of the logistics of mentorship, comfort in giving mentees feedback, helping mentees manage conflict, helping mentees navigate change, and clarity on their own mentoring philosophy. Only 19% of participants engaged in the peer mentoring portion of the program citing time demands and logistical constraints. **Discussion:** This program demonstrated efficacy in teaching interpersonal effectiveness skills through a longitudinal format to a diverse academic audience. Evaluation of this program did not, however, determine the effectiveness of the improvement of the practice of mentorship in vivo and would be an area for future exploration. Future iterations of the program could also provide greater focus on the peer mentoring portion of the program to ensure that participants take advantage of that additional training component.

Introduction

Mentorship can be the life blood of academic medical success. Effective mentors can help mentees reach heights they only imagined, while ineffective mentors can slow, or even stop mentee progress. Academic faculty know the importance of mentoring, but most receive limited or no training to how to approach mentorship or what skills to use with their mentees.^{1-9, 14-15} There is no consensus in the medical literature on how to most effectively train mid-career and senior faculty to be mentors.¹⁻³ While some academic schools and/or departments have developed internal training efforts, published materials on these efforts reveal that training efforts are often

limited in duration (i.e. a single workshop or didactic) and often focused on training mentors in a specific area of academic mentorship (i.e. research mentors or education mentors) and/or overly focused on training mentors in departmental promotion criteria.⁴⁻⁹ In our experience, however, much of mentor training needs are agnostic to area of academic focus (i.e. research vs education) and should not be siloed in their creation or delivery. Additionally, we have found that mentors require interpersonal effectiveness skills above all else, which is also supported in medical literature.¹⁻³ Interpersonal effectiveness skills are far more integral to mentor/mentee connections than academic subject matter expertise, and far more damaging if not adequate. Furthermore, mentorship is experience based, meaning that longitudinal instruction, over time, allows for practical application of newly learned skills and experience-based learning. Lastly, mid-career and senior faculty have a wealth of experience and teaching to offer one another as peer mentors, which is not always utilized in existing mentor training programs. More effective training programs would be longitudinal in nature, agnostic to areas of academic focus (i.e. not just for careers focused on research or education), focused, at their core, on interpersonal effectiveness skills, and incorporate peer mentoring as a component of teaching. This curriculum seeks to fill that gap by providing a longitudinal training experience targeted towards mid and late career mentors from a variety of areas of focus within academic medicine.

Methods

This Mentor Development Program was developed for and targeted to mid and late career faculty at our medical school in the department of medicine. While it was developed for and first used by the department of medicine, the content, teaching methodologies, and subject matter are agnostic to both the career focus of the mentor (i.e. clinical excellence, teaching and education, or research) and the background or discipline of the mentor. We fully expect that this curriculum is portable to any other faculty department. Participants were not expected to have any formal instruction or training in mentorship skills prior to attendance, though we acknowledged that some participants may and therefore may bring a higher level of experience to discussions and activities. This is expected and enriches the experience for participants.

The curriculum consists of six, two-hour, didactic teaching sessions and five, one-hour, optional, peer mentoring sessions. Didactic sessions were designed to be attended monthly and were designed to be given in a virtual format to allow for maximum participation from faculty who work at geographically diverse work sites. Each didactic session was designed with multiple active learning components to prompt engagement and discussion. Participants received monthly communication prior to that month's session to orient them to the subject matter, provide any pre-work, and ensure they had access to all session materials prior to the session. Pre-work was purposefully designed to be limited to respect the time demands made on participants.

All department faculty were invited to participate in the program, with the requirement that they attend the first two sessions and four out of six sessions overall to receive credit for completing the course. Faculty participants spanned all academic tracks within the department and came from various disciplines within the department of medicine. All participants were assigned to peer mentoring groups of three to four members at the beginning of the program. Each peer mentor group was provided optional discussion templates that built on content from that month's didactic instruction with the goal of sharing past mentoring experiences and prompting peer to peer learning. Discussion templates were sent out to each group following that month's didactic session.

At the beginning of the first didactic session of the program, all participants completed pre-testing on their past mentoring experiences and their self-described confidence in different mentoring skills. This assessment was developed by the program authors and designed for a follow-up evaluation to be given at the end of the program. The pre-test evaluation did not collect demographic information as that information was collected during program registration. This allowed the pre-test to be de-identified and anonymous. The content of the pre-test can be seen in Appendix B and we used MS Forms as the delivery platform. At the end of each didactic session,

participants completed a session evaluation, which was focused on gathering feedback about the instructional methods used, the pacing of content, and any comments that would lead to improvement to the instruction for future sessions. Program instructors reviewed the post-session evaluations after every session to adapt to learner needs as the program progressed. The assessment process for the program was reviewed by the Institutional Review Board at the University of Washington and determined it was exempt.

The program outline, with all included sessions, pre-work materials, post session evaluations, peer mentoring discussion templates, and a session description for implementation is included below:

- Didactic Session 1: The Nuts and Bolts of Mentoring - (Appendix A)
 - Pre-Program Evaluation - (Appendix B)
 - Pre-work included review of the following materials, but no work product asked of the participants:
 - Mentorship Agreement Template - (Appendix A - 1)
 - Kolb Learning Style Inventory from the Stanford University Anesthesia Informatics and Media (AIM) Lab - (Appendix A - 2)
 - National Institutes of Health Mentor Evaluation Form – (Appendix A - 3)
 - **Session Description and Recommendations for Implementation:** The first didactic session focuses on the structure of and basic aspects of the mentor/mentee relationship. Participants discuss what mentorship means to them and are then oriented to the similarities and differences between mentorship, coaching, sponsorship, and advocacy. The session then introduces the participants to the idea of a declarative, mentoring philosophy as something to be considered and developed. The philosophy of the instructors and the course is shared as an example. Participants are then presented with education around how to prepare for mentorship and how to better understand themselves as teachers and mentors. Next, participants complete the Kolb Learning Style Inventory handout during the session to prompt self-reflection and consideration as to how mentees can be different from mentors in their learning and task execution skills. A short break-out activity where participants discuss their results in small groups and how that might impact their approach to mentoring can have high value. The Kolb inventory was chosen because it is publicly available and easy to access, but any self-reflective activity would likely have the same result and this could easily be modified. The didactic then moves into teaching around effective structural tools within mentorship and touches on the concept of mentoring across diversity (this is more heavily featured in the next session). The mentoring contract is featured as a particularly valuable tool and a locally developed contract template is shared. The later third of the session brings forward discussion around past challenges participants have had with mentorship. Allowing time for discussion of those challenges and how participants have or would have solved the challenge brings peer learning. The session concludes with breakout groups to discuss mentoring case examples and how to approach structural problems within mentoring.

Following the first session, participants are assigned to Peer Mentoring groups for the duration of the course. We shoot for 4-5 members per group. Meeting times, venues, and processes are entirely self-governed. Discussion guides orient members to the group, ask them to get to know one member per session and how they have approached mentorship. The guides then provide questions for discussion based on that corresponding didactic session's content.

- Session 1 case examples – (Appendix A - 4)
- Session 1 Post-Session Evaluation Form – (Appendix A - 5)

- Session 1 Peer Mentoring Discussion Guide – (Appendix A - 6)
- Didactic Session 2: Mentoring Across Diversity & Providing Feedback in Mentoring - (Appendix C)
 - Pre-work included review of the following materials, but no work product asked of the participants:
 - Acceptance and Commitment Therapy Bull’s Eye Exercise by Tobias Lundgren - (Appendix C - 1)
 - Trusted 10 Exercise - (Appendix C - 2)
 - **Session Description and Recommendations for Implementation:** The second didactic session is split into two areas of focus with the first being on mentoring across difference in the mentoring relationship. The initial portions of the session are devoted to a large group case discussion of a case related to mentoring across difference and designed to elicit opinions and responses from the participants. The session then uses the Trusted 10 Exercise to help mentors explore how they might be different from mentees. Breakout groups are used to share the results of this exercise and help participants consider how their own experience may impact how they approach mentorship and what sorts of difference may be easier or harder to bridge with mentees. The session then presents content related to generational, cultural differences within the US as this is likely to be one of the more common differences that mentors and mentees will face. The session then explores how and why mentoring across difference is challenging and how to use tools to approach working with difference. This portion of the session wraps up by considering the role of mentorship in working on acceptance vs change with a difference. Mentors, at times, accept how mentees are different from them, and at other times use education and experience to help mentees improve and become more successful.

The second area of focus is on providing feedback in the mentoring relationship. The session teaches foundations of providing feedback, but also explores how feedback within mentorship can be different from a supervisory or other hierarchical relationship. Case examples and practice cement learning points and draw experiential knowledge from the participants. A combination of small groups and larger group sharing can be adapted based on the size and makeup of participants.
 - Session 2 case examples – (Appendix C - 3)
 - Session 2 Post-Session Evaluation Form – (Appendix C - 4)
 - Session 2 Peer Mentoring Discussion Guide – (Appendix C - 5)
- Didactic Session 3: Mentoring Through Conflict - (Appendix D)
 - Pre-work: None for this session
 - **Session Description and Recommendations for Implementation:** The third session focused on teaching mentors strategies for, and a structured approach to, conflict resolution. Mentees experience conflict in different ways throughout their careers and mentors often advise and support mentees through conflict resolution. The session begins by having participants take a conflict style assessment from the University of North Florida. This assessment is freely available, but other assessments exist and could likely be used with similar effect. The point of the assessment is to encourage participants to consider how they approach conflict and how they may naturally advise mentees when approached with conflict. The session next presents a model of conflict resolution drawn heavily from Difficult Conversations from the Harvard Negotiations Project, but incorporates aspects of teaching from the book “Difficult

Conversations” and concepts from Dialectical Behavioral Therapy. The model is presented as a framework to consider conflict, from the outside in. This is a particularly useful consideration as mentors are often looking from the outside in, when advising mentees. Participants then use active case practice to cement teaching points and source real world experiences from the participants

- Session 3 case examples – (Appendix D - 1)
 - Session 3 Post-Session Evaluation Form – (Appendix D - 2)
 - Session 3 Peer Mentoring Discussion Guide – (Appendix D - 3)
- Didactic Session 4: Mentoring and Leading Teams - (Appendix E)
 - Pre-work: None for this session
 - **Session Description and Recommendations for Implementation:** The fourth session focuses on teaching team leadership skills and decision making skills. Mentees often lead teams and this session provides a framework for helping to analyze leadership success or the reason for challenges or barriers in leading teams. The first portion of the session focuses on teaching key aspects of team leadership skills championed by J. Richard Hackman. These key aspects include concepts around connecting team members to tasks, strategies for team management and levels of self-governance, team size, team makeup, and qualities of a successful team leader. The first portion finishes by touching on coaching mentees through building social capital with others and interactive case practice to cement concepts.

The second portion of the session presents a framework to assist in making decisions from Chip and Dan Heath. The content teaches the model and explores how it can be used as a strategy for how mentors can support the decision making needs of mentees. Active case learning is used to explore the pros and cons of the model and challenges mentors face in helping mentees with their decision needs.

 - Session 4 cases for leading teams – (Appendix E - 1)
 - Session 4 cases for making decisions – (Appendix E - 2)
 - Session 4 Post-Session Evaluation Form – (Appendix E - 3)
 - Session 4 Peer Mentoring Discussion Guide – (Appendix E - 4)
- Didactic Session 5: Mentoring Across Change - (Appendix F)
 - Pre-work: None for this session
 - **Session Description and Recommendations for Implementation:** The fifth session focuses on teaching change management skills to mentors. The session begins with exploratory discussion between participants around experiences with successful and unsuccessful change management. The session then teaches John Kotter’s framework for change management. In presenting the steps and content associated with them (establishing a sense of urgency, creating a guiding coalition, developing a vision and a strategy, communicating the vision, empowering others to act, generating short-term wins, consolidating gains, and anchoring new approaches in the culture), key interpersonal skills and leadership skills to utilize in change management are identified. Additionally, the content focuses of areas for mentors to support mentees in change management work and how to most effectively develop some of these skills in mentees. The latter half of the session is entirely devoted to small and large group case practice and discussion to cement concepts.

- Session 5 cases– (Appendix F - 1)
 - Session 5 Post-Session Evaluation Form – (Appendix F - 2)
 - Session 5 Peer Mentoring Discussion Guide – (Appendix F - 3)
- Didactic Session 6: Pulling it All Together and Refining Your Mentoring Philosophy - (Appendix G)
 - Pre-work: None for this session
 - **Session Description and Recommendations for Implementation:** The final session focuses on review of and cementation of concepts from the first five sessions. The key concepts from each of the previous didactics are reviewed and discussed. The session then returns to the concept of the Mentoring Philosophy and participants both explore and articulate the philosophy they would like to embody as they move forward with mentorship. An “elevator pitch” exercise is used to prompt participants to formulate their philosophy in a concise way and then give that to another person. Small groups are utilized for the aspect followed by large group sharing and discussion. Participants complete a program post-test at the end of the session.
 - Post-Program Evaluation - (Appendix H)

Results

The delivery of our program allowed participants to attend some, but not all sessions. 35 mid and late-career faculty attended the first two sessions and 33 completed our Pre-Program Evaluation. 31 of the 35 initial attendees attended at least four out of the six sessions overall with 18 faculty attending the final session and completed the Post-Program Evaluation. This evaluation asked participants to subjectively rate their perceptions of the importance of different aspects of mentorship and to rate their confidence in the skills taught by the program. Results from analysis of the pre and post evaluations are summarized in Table 1.

Table 1: Mean Difference in Scores Pre-Post Program (N = 33 Pre and N = 18 Post)

Topic	Mean Baseline Score ^a	Mean Post Program Score ^a	p value
Rate how important you feel mentorship is to you	4.7	4.7	0.86
Rate your level of confidence in your mentorship skills	3.0	3.7	0.01
Rate how important you feel interpersonal skills are to effective mentorship	4.7	4.8	0.38
Rate your level of confidence in your interpersonal effectiveness in a mentoring relationship	3.6	3.8	0.32
Rate how clear you are about your mentoring philosophy	3.1	3.8	0.005
Rate your level of knowledge in the logistics of mentorship	2.9	3.9	0.00002
Rate your level of comfort in your ability to give a mentee feedback	3.0	3.7	0.008
Rate your level of confidence in helping a mentee manage conflict	3.1	3.6	0.04

Rate your level of confidence in helping a mentee navigate change	3.2	3.9	0.001
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^aRated on a 5-point scale (1 = Negligible, 5 = High)

Our program evaluation demonstrated that participant's attitudes about the importance of mentorship in their lives and the importance of interpersonal effectiveness in a mentoring relationship did not significantly change because of their participation. In contrast, participants showed statistically significant improvement in their confidence in their mentorship skills overall and their perceived knowledge on the logistics of mentorship, comfort in giving mentees feedback, helping mentees manage conflict, helping mentees navigate change, and clarity on their own mentoring philosophy. In addition, participants were asked if they agreed that the course taught them to be a better mentor and 95% either agreed or strongly agreed. Interestingly, only 19% of participants indicated that they utilized the peer mentoring portion of the program. When asked a follow-up as to why they did not participate, all responses indicated that participants were either too busy or it was too difficult to schedule time to meet as a group.

Discussion

This mentor development program provided a longitudinal, experienced based curriculum for mid and late-career academic faculty over a six-month period. The program incorporated both didactic and peer mentoring strategies to meet the diverse needs of faculty with varying degrees of pre-course experience and varied backgrounds. The course was successful in improving the confidence of participants in their mentoring skills overall as well as in their conception of their mentoring philosophy, the logistics of mentorship, and across multiple interpersonal effectiveness skills. Lastly, participants were satisfied that the course taught them to be a better mentor.

Evaluation of the program did not demonstrate success in increasing participants' perception of the value of interpersonal effectiveness in mentorship, though the pre-program belief in this value was extremely high, limiting the potential for further improvement. We also did not see substantial participation in the peer mentoring aspect of the program. This was and is believed to be a valuable and unique aspect of the program, but it is difficult for academic faculty to commit time to training and faculty development. Making this portion of the program optional likely allowed participants to save time where they could and decline to participate. Future efforts at program delivery could attempt to more heavily advertise and coordinate peer mentoring meetings, improving attendance. It would be very interesting to determine if participation in the peer mentoring program does enrich the experience and learning for participants in the way we expect.

With the exception of the limited participation in the peer mentoring aspect of the program, we feel the program accomplished the goals it was designed to achieve. This program adds a longitudinal training program to an environment dominated by single training session curricula or single day training seminars. Given the longitudinal nature of the mentorship experience, we feel this format has value, which was reflected in the participant outcomes measured. It is also notable that this education program was delivered across areas of academic focus. Researchers can be trained alongside educators and clinicians, who all apply mentorship in slightly different context, but have much to learn from one another.

There are a number of limitations to the generalizability of our findings. First, this was delivered within a single department at a single university and may not translate as well to others. We do not expect this to be the case and feel the materials are very adaptable, but we cannot say that for certain. A more core limitation is the fact that our evaluation was limited to subjective self-assessment of participants. This is often the case with faculty development programs and mentorship is a particularly challenging application to evaluate. We would have loved to determine if the actual practice of mentors changed after their exposure to this course, but that was simply not an evaluation that was possible at the time of program development and implementation.

In the future, we hope to expand this program at our own institution to grow it outside single departments and further enrich the participant experience pool. Further maturation could also see more advanced cohorts tackle advanced topics to further grow mentorship skills beyond the basics this course taught. In a world of sufficient time and resources, such expansion would come with longitudinal assessment of the application of mentorship skills by the participants themselves to truly determine that we are having the positive impact on the practice of mentorship that we strive to achieve.

Responses To Peer Review Requests

This program was peer reviewed by two, external psychiatrists at the Professor level at their respective universities. The feedback from both reviewers commented on the strengths of the program being its longitudinal nature, breadth of subject matter, and developmental impact. One reviewer commented that this could be easily modified to target more junior psychiatrists if needed. Both reviewers felt this program would be relatively easy to implement and/or adapt as needed. Both independently recommended the acceptance of curriculum without substantial revision.

Appendices

- Appendix A: MDP Session One - The Nuts and Bolts of Mentoring
 - Appendix A-1: Mentorship Agreement Template
 - Appendix A-2: Kolb Learning Style Inventory
 - Appendix A-3: National Institutes of Health Mentor Evaluation Form
 - Appendix A-4: Session One case examples
 - Appendix A-5: Session One Post-Session Evaluation Form
 - Appendix A-6: Session One Peer Mentoring Discussion Guide
- Appendix B: Pre-Program Evaluation
- Appendix C: MDP Session Two - Mentoring Across Diversity & Providing Feedback in Mentoring
 - Appendix C-1: Acceptance and Commitment Therapy Bull's Eye Exercise by Tobias Lundgren
 - Appendix C-2: Trusted 10 Exercise
 - Appendix C-3: Session Two case examples
 - Appendix C-4: Session Two Post-Session Evaluation Form
 - Appendix C-5: Session Two Peer Mentoring Discussion Guide
- Appendix D: MDP Session Three - Mentoring Through Conflict
 - Appendix D-1: Session Three case examples
 - Appendix D-2: Session Three Post-Session Evaluation Form
 - Appendix D-3: Session Three Peer Mentoring Discussion Guide
- Appendix E: MDP Session Four - Mentoring and Leading Teams
 - Appendix E-1: Session Four Cases for leading teams
 - Appendix E-2: Session Four Cases for making decisions
 - Appendix E-3: Session Four Post-Session Evaluation Form
 - Appendix E-4: Session Four Peer Mentoring Discussion Guide
- Appendix F: MDP Session Five: Mentoring Across Change

- Appendix F-1: Session Five Cases
- Appendix F-2: Session Five Post-Session Evaluation Form)
- Appendix F-3: Session Five Peer Mentoring Discussion Guide
- Appendix G: MDP Session Six - Pulling it All Together and Refining Your Mentoring Philosophy
- Appendix H: Post-Program Evaluation

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