Cultivating Community Through Interprofessional Mentorship

Interprofessional mentorship can do more than support scholarship; it can create connection and shared purpose across a community of educators. The Patricia A. Tietjen, MD Teaching Academy "Mentor Program" was designed to connect new and seasoned clinician educators, offer scholarly mentorship, and strengthen interprofessional collaboration. As the program evolved, it revealed that in a geographically distributed healthcare system, mentorship is not only a professional resource but also a powerful way to build academic community.

In its pilot year, the program used Mentor Pods composed of mentors and clinician educator scholars from multiple health professions. End-of-year feedback pointed to a familiar problem: enthusiasm was present, but participation fluctuated. Time and geography emerged as the main barriers to attendance, and mentors expressed a need for more formal guidance to strengthen confidence in their roles. The feedback highlighted that effective mentorship depends not only on goodwill, but also on intentional structure.

In 2025–2026, the program was redesigned to address those concerns. PATMDTA established regionalized mentor pods at the largest hospitals in our healthcare system and distributed a predictable meeting schedule at the start of the academic year to improve attendance. Virtual attendance was available for clinicians who could not join in person. All pods met four times during the year, an increase from the previous year's average of three. These practical changes represent deep commitment to making mentorship more accessible and sustainable.

A monthly Mentor CoP meeting was added to support professional identity formation, introduce experts in the field, and create space for mentors to share experiences, successes, and struggles. Mentors also gained access to a Mindful Mentoring Toolkit developed by an inaugural PATMDTA scholar, along with other evidence-based resources. These materials were housed in a Teams channel for use beyond sessions. Early survey findings suggest the support was meaningful: by the final Mentor CoP meeting, 75% of attendees strongly agreed that the materials were useful and 75% reported feeling confident in implementing the strategies discussed.

The second iteration of the program was designed to improve participation, support mentor confidence, and expand mentoring capacity across a growing community of health professions educators. Yet its value lies in more than logistics. Unlike traditional mentor-mentee relationships that focus primarily on the mentees' advancement, this model intentionally creates value for both mentors and mentees. Scholarly output remains

significant, but sense of belonging within the community of practice also creates the foundation or scholarly exploration and growth.

Other institutions may find this model useful, particularly those working in geographically distributed systems. Its core tenets are straightforward: an interprofessional group mentoring structure, predictable schedules and locations, and a blend of virtual and in-person engagement to connect participants across settings. Future work may include validated measures of mentor confidence and skill, as well as tracking scholar and mentor retention over time. Ultimately, this model of interprofessional mentorship suggests that intentional program design can do more than strengthen mentorship itself; it can help cultivate a more resilient and cohesive community of educators.