



Module One: An Introduction to Mentorship

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CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH

Promoting More Equity in Global Health Research and Better Health Worldwide

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Sub-group on Mentorship

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An Introduction to Mentorship

The Canadian Coalition for Global Health Research (the Coalition) is a national and global resource for building capacity in global health research. Mentorship is recognized across disciplines in both academic and practice settings as an important contributor to building capacity within organizations and among individuals. There are many definitions and types of mentorship. Mentorship can be spontaneous or formal, direct or indirect, and short or long-term. These modules provide a foundation for exploring these different forms of mentorship in ways that can contribute to creating a culture of mentorship.

Key Messages

1. There are many different types and approaches to mentoring.
2. Mentorship can play an important role in strengthening capacity for global health research.
3. The Coalition is actively engaging in activities to promote and facilitate mentoring as a resource for strengthening capacity in global health research.
4. Alternative approaches to mentorship offer new opportunities for mentoring in the context of global health research, particularly in connecting people in different geographical locations and in resource-limited settings.

Learning Objectives

Individuals or groups working through this module will be able to:

1. Understand the background of the Coalition, its Capacity Building Sub-group and the work that led to the establishment of modules for mentorship.
2. Describe mentorship and reflect on how it applies to a global health research setting.
3. Understand what distinguishes mentoring relationships from other types of teaching interactions.
4. Discuss some of the key benefits of mentorship, drawing from personal experience to explore how these benefits are acknowledged or recognized in an organizational or institutional setting.
5. Describe different types of mentorship and how they are integrated into an organizational or institutional setting.
6. Discuss alternative approaches to mentoring.
7. Reflect on the role of mentoring in building capacity for global health research.

Background

Global Health Research

Globally, less than 10% of health research, both public and private, is devoted to research into the health problems that account for 90% of the global burden of disease. This '10/90 gap' draws attention to the need for greater participation in research initiatives that embrace collaborative partnerships based on equity and ethical research¹. Global health research responds to this gap and to global inequalities and inequities that affect the health and well-being of populations around the world. Effective global research requires individuals, groups, organizations, institutions and networks with skills, knowledge, and capacity to engage in high quality research and translate that research in meaningful ways. Mentorship can play an important role in strengthening this capacity.

Coalition Activities in Mentorship

In response to growing interest and demand for building capacity in global health research, the Coalition has taken a number of steps towards building a culture of mentorship. The Capacity Building Task Group and its Mentorship Sub-group play an important role within the Coalition in facilitating the development of this culture of mentorship in global health research.

In April 2006, a workshop organized by the Capacity Building Task Group brought 'champions' together to explore learning, mentorship and capacity building in global health research. The workshop responded to the growing interest in global health and global health research among students at Canadian universities by exploring the strategic role of the Coalition in this changing context². Participants in the workshop focused on challenges of mentorship, who mentorship is for and the roles of mentorship in global health research.

Another way in which the Coalition is contributing to building a culture of mentorship is through the Summer Institutes for Global Health Research. The Summer Institutes bring together new and experienced global health researchers to strengthen partnerships, build capacity in translating research into action, and to nurture the next generation of global health researchers. These intensive institutes intrinsically contribute to creating a

culture of mentorship by bringing people at different stages of their careers together under the common interest in global health research. Continuity for participants is created through the Summer Institutes Alumni Program, which is currently under development. Further opportunities for Summer Institute participants are offered by the Facilitator-in-Training program, which brings past participants to a current Summer Institute as a facilitator. This program is intended to build leadership and capacity for global health research among both Canadian researchers and their partners working in lower-middle income settings.

More recently, the Coalition has engaged in mentorship around a specific health issue—tobacco control. Research for International Tobacco Control (RITC) at the International Development Research Centre (IDRC), aims to foster the development of strong research, funding and knowledge bases as a foundation for effective tobacco control policies around the world. The Coalition is currently working with RITC/IDRC on exploring mentorship and leadership capacity among tobacco control researchers. This has included pilot mentorship workshops and training for a small cadre of tobacco control researchers from eight countries around the world. This has included a strong focus on connecting tobacco control to the broader community of global health research.

What is mentorship?

Mentorship is present across disciplines in both academic and practice settings. Mentoring relationships can occur in a variety of settings. A vast range of definitions attempting to capture the meaning of mentorship are available, each reflecting different roles and intents behind mentoring. Common to most definitions of mentorship are an acknowledgement of the reciprocal, one-to-one nature of the relationship between a more experienced and a less experienced individual for the purpose of personal and professional development (Polder, 1994). A few examples of 'mentoring' definitions are offered here for consideration:

Mentoring is a "dynamic and non-competitive nurturing 'process'...that promotes independence, autonomy, and self-actualization in the protégé while fostering a sense of pride

and fulfillment, support and continuity in the mentor” (1).

“Mentoring occurs when a senior person (the mentor) in terms of age and experience undertakes to provide information, advice, and emotional support for a junior person (the protégé) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties” (2).

“Mentoring...is a teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials” (3).

These definitions focus on the individual mentoring relationship—one that exists between two individuals in a particular organization or setting. Extending the concept of mentoring to the creation of a culture of mentorship for

strengthening capacity for global health research demands thought and reflection about what mentorship is for, why it is important, and how it will strengthen capacity. As mentorship becomes increasingly integrated in global health research settings (such as universities, non-governmental organizations, institutions, or advocacy groups), the definition and use of mentorship in global health research will evolve.

For more details, see:

http://www.globalforumhealth.org/Site/002__What%20we%20do/005__Publications/001__10%2090%20reports.php

http://www.ccrsm.ca/docs/Mentoring_Workshop_Report_Baiff.pdf for complete summary.

http://www.ccrsm.ca/default.cfm?content=si&lang=e&subnav=summer_institute for details.

What distinguishes mentorship from other teaching relationships?

There are a number of features that distinguish mentorship from other interactions between more experienced and less experienced individuals in organizational or institutional settings.

Mentorship can, but does not always, exist in relationships between teacher and student or between professionals at varying levels of a bureaucratic or academic hierarchy. Mentoring relationships grow over time and are intentional, purposeful and interpersonal ⁽⁴⁾.

Table 1: Features of a Mentoring Relationship ⁽³⁾

Feature	Description
A differential in knowledge or competence exists between mentor and mentee	<ul style="list-style-type: none"> The mentor holds greater knowledge and experience in the specific discipline or organization than mentee.
Mentorship is a teaching-learning process	<ul style="list-style-type: none"> The mentee is engaged in an accelerated process of learning by sharing the experience, successes, and 'mistakes' of the mentor. The mentor promotes the development of scientific competencies of the mentee. The mentee's experience of learning is extended from aquisitional to experiential. The relationship fosters critical thinking for both the mentor and mentee.
Mentorship involves reciprocal roles	<ul style="list-style-type: none"> Both mentee and mentor engage and challenge each other. The mentee often brings enthusiasm and creative ideas and the mentor brings experience and knowledge to the relationship. The mentoring relationship contributes to generating theory, conducting research, and organizing for practice and policy change.
Mentorship fosters career development	<ul style="list-style-type: none"> The mentee often participates in greater numbers of career development activities, enters doctoral studies sooner, moves into administrative positions, advances farther in academe, achieves tenure, has greater job satisfaction, becomes a more productive scholar, is promoted more often, and experiences upward mobility. The mentor may benefit from recognition of their investment in mentoring.
Mentorship has a resonating phenomenon	<ul style="list-style-type: none"> The mentee is more likely to become a mentor later in their career than are un-mentored individuals.

Benefits of Mentoring

Research exploring the impact of mentoring demonstrates a number of benefits for mentees, mentors, and the organizations or disciplines in which they work. Individuals who are mentored report significantly higher levels of career satisfaction and success than their non-mentored counterparts (5), higher incomes (6), more frequent promotions (7, 8). In academic settings, research has identified mentorship as a strong predictor of satisfaction

with graduate education (9-12). Research in academic settings shows that if mentoring does not occur in graduate school, it is unlikely to occur later in a student's career (13). Graduate programs (and other programs intended to facilitate career transitions) are therefore ideal and important settings for incorporating mentorship to maximize on its benefits. Kilcher and Sketris offer a concise summary of some of the key benefits of mentoring (14).

Table 2: Mentoring Benefits to Organizations, Mentors and Mentees

Benefits for Organizations	Benefits for Mentors	Benefits for Mentees
<ul style="list-style-type: none"> • Strengthened capacity. • Eased transition periods for new members. • Attraction and retention of members. • Creation of alliances and partnerships. • Enhanced commitment of members to the organization. • Creation of a culture of organizational citizenship. • Enhanced leadership capacity within the organization. • Succession planning: Mentees become mentors and leaders. • Alliances with decision makers are created. 	<ul style="list-style-type: none"> • Professional development. • Increased confidence. • Reflective thinking. • Learning from mentees about new information and trends. • Enhanced career and personal satisfaction. • Contribution to discipline and next generation. • Enhanced managerial skills. • Enhanced leadership skills. • Inspirational and rejuvenating effect of interaction with enthusiastic mentee. 	<ul style="list-style-type: none"> • Establishment of networks. • Enhanced career development and opportunities. • Enhanced sense of security and reduced stress. • Skill and knowledge development. • Enhanced insight into organizational culture. • Receipt of guidance, support and feedback. • Leadership skills development. • Increased upward mobility, career satisfaction, access to resources, opportunities to work with decision makers.

Exercise 1: Consider a mentoring relationship you've been in.

1. What about it made it a 'mentoring' relationship?
2. How can mentoring be a part of teaching? How can teaching be a part of mentoring?
3. What do you feel distinguishes mentoring from teaching?
4. How did the mentoring relationship influence your interest in continuing to engage in mentorship as either a mentee or mentor?

Exercise 2: Think about what you consider to be the most important benefits for you in a mentoring relationship.

1. What benefits of mentorship do you think are most important for mentors? For mentees? And for organizations or institutions?
2. Are there mentoring benefits that you've experienced that were not recognized by your institution or organization?

Additional questions (if time allows):

3. Are there any 'defining moments' in your life or your career that were a direct or indirect result of participating in a mentoring relationship?
4. How does mentorship strengthen capacity in your field?

Variation for groups: Facilitate a brainstorming session to generate a comprehensive list of mentoring benefits to mentors, mentees and organizations or institutions. Reflect on the question about how your organization or institution recognizes or rewards mentoring. Does the organization consider mentoring to be an important part of its culture? Does this affect the willingness of individuals to engage in mentoring relationships? How can the benefits to the organization or institution be used as an advocacy tool by your group? Create an action plan for how your group can use the lists you generate to advocate at various levels of your organization or institution.

Direct, Collegial and Indirect Mentoring (15)

Direct mentoring is perhaps the most closely aligned with the definitions of mentorship provided above (p.3). It is a direct relationship between two individuals, often a more experienced member of an organization or group (the ‘mentor’) and a less experienced member of the same organization or group (the ‘mentee’ or ‘protégé’). It can emerge from a supervisor-student relationship or designated mentoring program. Depending on the nature of the organization, this type of mentoring relationship may be formal or informal, horizontal or ‘top-down’.

Collegial mentoring incorporates the characteristic of friendship into the traditional definition of the mentoring relationship. This type of mentorship acknowledges and promotes the development of a personal, supportive relationship between mentor and mentee. It may commence through friendship or professional contact rather than as a result of professional needs. Junior faculty, for example, may develop collegial mentoring relationships with more senior faculty. Another example is a student-supervisor relationship that evolves into a collegial relationship, creating opportunities for collaboration in research beyond the thesis or dissertation.

Indirect mentoring does not involve direct contact between one mentor and one mentee, but rather is the result of intentional efforts from a mentor to be available to junior members of an organization or emerging mentees. By humanizing the processes, social norms, and culture of the organization and by being open to allowing newcomers to know a more personal side of the mentor, mentorship can occur without contact between mentor and mentee. For example, Phyllis Noerager Stern reflects on the ‘silent’ mentorship offered through her editorial columns in the journal *Qualitative Health Research*. In her column, Phyllis shared personal stories about her experiences of frustration, disappointment and rage after having a manuscript rejected from publication. By publicly reflecting on her experience, she coached readers on how to react and respond and thereby provided indirect mentorship to her audience.

Formal and Informal Mentorship (14)

Formal and informal mentorship differ in the way the relationship is initiated, how mentor and mentee are identified, and the focus, length, and structure of the relationship (See Table 3).

Formal mentorship evolves from structured, organized programs or assigned roles within an organization. The intent of formal mentorship programs is usually focused on meeting goals and objectives defined by the organization or guiding the initiation of a mentee into a particular organization. They are commonly time-bound (6 months-one year) and often rely on the organization to ‘match’ a mentee with a mentor.

Informal mentorship develops through mutual identification—the mentor believes in the mentee’s potential and the mentee selects mentors they consider role models. This type of mentoring relationship is often characterized by a greater sense of collegiality or friendship and is driven by the developmental needs of both the mentor and mentee. The relationship is unstructured and not bound by time, often evolving over several years.

Table 3: Informal Versus Formal Mentoring Relationships (14)

Informal Mentoring		Formal Mentoring
Imitation of Relationship		
Selection Process	<ul style="list-style-type: none"> Mutual identification 	<ul style="list-style-type: none"> Assigned Matching is limited by applicant pool
Selection Criteria	<ul style="list-style-type: none"> Mentee selects role models Mentor is often mid-career and mentee in early career stage 	<ul style="list-style-type: none"> Mentor selected based on competence or experience Informal events planned to assist with matching
Structure of Relationship		
Duration	<ul style="list-style-type: none"> Long-term (3-6 years) 	<ul style="list-style-type: none"> Short-term (6 months-1 year)
Selection Criteria	<ul style="list-style-type: none"> Mutually agree upon when and where to meet 	<ul style="list-style-type: none"> Mode, frequency and location of meetings designated by organization
Goals	<ul style="list-style-type: none"> Evolve over time Needs-based 	<ul style="list-style-type: none"> Specified by organization
Time requirements	<ul style="list-style-type: none"> Time to build psychosocial and career supports through the relationship 	<ul style="list-style-type: none"> Time limit can restrict development of trust
Focus	<ul style="list-style-type: none"> Long-term career goals Reciprocal learning 	<ul style="list-style-type: none"> Short-term career goals and needs
Relationship Processes		
Motivation	<ul style="list-style-type: none"> Mutual interest strengthens motivation 	<ul style="list-style-type: none"> Matching process may or may not contribute to mutual interest and motivation
Communication	<ul style="list-style-type: none"> Mentee selects mentor with strong communication skills 	<ul style="list-style-type: none"> Mentors may have greater discipline-specific knowledge than communication skills
Sponsorship	<ul style="list-style-type: none"> Mentor sponsors mentee to higher positions, advocate for mentee to participate in projects and provide support and buffering for mentees 	<ul style="list-style-type: none"> Public nature of formal mentoring relationship may be perceived as favoritism and could inhibit mentoring behaviour

Alternative Approaches to Mentoring

Mentoring can take on many different forms. Traditional mentoring relationships involve a more experienced and a less experienced individual. As the concept of mentoring evolves, alternative approaches to this traditional relationship continue to emerge. These alternative forms of mentorship may be particularly useful for facilitating interaction between individuals at local, national and global levels. Global health research involves networks of people from around the world who, with the support of technology, may be able to engage in forms of mentorship not previously accessible.

Mentoring groups can occur in a number of different ways. One mentor may take on a small group of mentees, for example, providing direct mentorship to multiple people rather than one-to-one. Working teams or peer-groups with complementary knowledge and skills may also form mentoring groups that focus on mutual learning and support (14). Research suggests that team experiences can significantly contribute to the professional and personal growth of individual team members. Team approaches to mentorship can contribute to skill, knowledge and career development and provide affirmation and support to members (16). This approach to mentorship may be particularly useful in settings where human resources are limited and the ratio of potential mentors to mentees is imbalanced.

Peer mentors are described as an important shift in thinking about mentorship. This approach to mentoring is considered a resource for creating transformational leadership among members of an organization. It involves a peer-to-peer developmental relationship that offers participants benefits through the sharing of experiences and exchange of ideas to widen the learning context both within and external to the organization. Like more traditional approaches to mentoring, successful peer mentoring requires time and investment (17). This approach to mentoring may be useful as the interest in global health research continues to grow rapidly.

E-mentoring is a computer mediated, mutually beneficial relationship between a mentor and a mentee which provides learning, advising, encouraging, promoting and modeling in a boundary-free, egalitarian way (18). It may include the use of chat rooms, e-mail, collaborative or shared webspace, or other electronic media to facilitate communication between mentors and mentees. This approach to mentoring may extend to

mentoring groups or peer mentors. E-mentoring may serve as a 'long-distance' way to build capacity between and among research partners in different country settings and networks.

Group professional association mentoring is distinct from mentoring groups because it does not involve direct mentorship. It is limited to relationships that emerge from within the association and the mentoring benefits are the result of the dynamics of the group as a whole, rather than any individual relationships. In this way, no one individual is fulfilling mentoring functions for 'mentees', but the association provides guidance and support to facilitate personal and professional development of its members. Career mobility may be realized through efforts to increase the visibility and exposure of group members to affiliated associations or organizations or by creating networks within the association (16). The Coalition, for example, can be considered a type of 'professional association' that offers members mentorship through its goals, vision, activities, and programs.

Exercise 3-A: Consider a setting you've worked or learned in that incorporated one of the types of mentorship described above.

1. How was the relationship initiated?
2. Was the mentorship formal or informal?
3. What was it about the mentor or mentee that contributed to your decision to enter into the mentoring relationship?
4. What impact did the mentorship have on the mentor and on the mentored?
5. What made the mentorship effective? What made it ineffective?

3-B: Think of one example each of direct, indirect and collegial mentorship.

1. Describe each example and list at least one key benefit of each to the mentor, mentee and the institution or organization.
2. What resources are available to you to facilitate mentorship?
3. List at least one key challenge to achieving or sustaining direct, indirect or collegial mentorship within your institution or organization.
4. Are there strategies that could address the challenges you've listed?

Variation for groups: As a group, identify two to three questions for discussion. Draw from the resources provided in Module Four for facilitating workshops to explore these questions.

Exercise 4: Consider a global health research endeavour you know of or have participated in.

1. What research capacity needs (i.e. research methodologies, advocacy skills, knowledge, or experience) exist in this endeavour?
2. How are these needs being met?
3. Is mentorship part of the approach to address these needs?
4. How could each of the alternative approaches to mentoring provided above contribute to addressing the capacity needs you've identified?

Variation for groups: Discuss the questions for Exercise 5 in groups of 2-4. If desired, groups can summarize key points of the discussion on flip charts or the blackboard and a larger group discussion can follow. Alternatively, groups with more time may choose to engage in a mapping exercise.

Mapping Exercise

This exercise builds on the questions listed in Exercise 4 to identify capacity needs related to research. The group will work together to map out existing and needed resources to address the capacity needs. The group will have an opportunity to reflect on the role of mentorship in addressing the identified capacity needs.

Materials

- White Board
- Coloured Markers

Directions

1. Assign a recorder for the group as they brainstorm.
2. Have the group identify different capacity needs for research. The recorder will mark these down on the far left side of the board.
3. Ask the group to discuss how these needs are being met. The recorder marks these in a different colour in the middle of the board, drawing lines to connect particular needs with strategies being used to address them. Needs that do not have any links to strategies should be circled.
4. Ask the group if mentorship is listed among the strategies or approaches being used to address the groups' needs. The recorder writes a large 'M' beside strategies that include a mentorship dimension.
5. Ask the group to reflect on how each of the alternative approaches to mentoring provided above could contribute to addressing the unmet needs (previously circled by the recorder). The recorder writes these strategies on the far right side of the board, drawing lines to connect these mentoring strategies to the unmet needs.
6. Make an action plan for moving forward on one or two of the mentoring strategies identified in the mapping exercise.
7. The group may wish to take a photo of the white board or have someone copy a smaller version down as a record of the activity to use for future planning or workshops.

Recommended Reading

A complete list of references used to create this module is provided below. These three resources were particularly useful, however, and may be helpful to groups who wish to do further reading and reflection on mentorship in their institution or organization.

1. Mentoring Resource Book:

A guide for faculty, researchers and decision makers

Ann Kilcher & Ingrid Sketris (2003). This useful guide provides a general overview of what mentorship is and discusses different approaches and dimensions of mentorship. The guide reviews characteristics, roles and responsibilities of mentors and explores stages of the mentoring relationship in detail. Particularly useful are the guide's mentoring tools and strategies. Templates are offered for assessing the mentoring relationship, creating a three-year plan of activities and experiences, and addressing problems or conflicts that may arise in a mentoring relationship. As the title suggests, this guide is relevant for faculty, researchers and decision makers; but it is also helpful for individuals entering into a mentoring relationship, such as graduate students or junior faculty.

2. E-mentoring:

Using computer mediated communication to enhance the mentoring process

Laura Bierema & Sharan Merriam (2002). This journal article explores the changing context of electronic media as a new forum for mentorship in a variety of settings. Different forms of computer-mediated communication, such as e-mail, listservs, chat groups, and computer conferencing are advocated for as tools that can enhance the mentoring process. The authors provide a detailed discussion of how their definition of e-mentoring was derived and offers diverse examples of settings in which e-mentoring has been incorporated effectively. The article discusses key benefits and challenges of e-mentoring and offers a number of strategies for both mentors and mentees as they build an electronic mentoring relationship. This article is valuable to any group or set of mentor-mentee who cannot engage in regular face-to-face meetings because of time or geographical constraints. In the context of global health, this article may be a strong starting point for research coalitions or partnerships as they consider alternative approaches to mentoring.

3. Transformational leadership:

Peer mentoring as a values-based learning process Mary Ann Maurinac (2005). Although this article focuses on transformational leadership in the context of library sciences, it carries relevance for inter-disciplinary research arenas such as global health. The author provides a philosophical discussion of the need for organizations to create cultures of continuous learning in the context of rapidly changing and dynamic environments. She discusses the change process and the role of transformational leadership in facilitating sustainable, meaningful change. Peer mentorship is discussed in depth as a unique, horizontal approach to mentoring. Characteristics of peer mentoring are described and key structures needed to support a peer mentorship program are explored. This article challenges readers to think about the intersection between change, leadership and mentorship. It is useful for anyone engaging in dialogue around mentorship and its role for building capacity in global health research.

References

1. Valadez A, Lund C. Mentorship: Maslow and me. *Journal of Continuing Education in Nursing* 1993;24(6):259-63.
2. Bowen D. Were men meant to mentor women? *Training and Development Journal* 1985;39(1):30-34.
3. Stewart B, Krueger L. An evolutionary concept analysis of mentoring in nursing. *Journal of Professional Nursing* 1996;12(5):311-321.
4. Barondess JA. On mentoring. *Journal of the Royal Society of Medicine* 1997;90:347-349.
5. Riley S, Wrench D. Mentoring among women lawyers. *Journal of Applied Social Psychology* 1985;15(5):374-386.
6. Dreher GF, Ash RA. A comparative study of mentoring among men and women in managerial, professional, and technical positions. *Journal of Applied Psychology* 1990;75:539-546.
7. Fagenson EA. The mentor advantage: Perceived career/job experiences of proteges versus non-proteges. *Journal of Organizational Behavior* 1989;10(4):309-320.
8. Whitley W, Dougherty TW, Dreher GF. Relationship of career mentoring and socioeconomic origins to managers' and professionals' early career success. *Academy of Management Journal* 1991;34(2):331-351.
9. Clark RA, Harden SL, Johnson WB. Mentor relationships in clinical psychology doctoral training: Results of a national survey. *Teaching of Psychology* 2000;27(4):262-268.
10. Cronan-Hillix T, Davidson WS, Cronan-Hillix WA, Gensheimer LK. Student's views of mentors in psychology graduate training. *Teaching of Psychology* 1986;13(3):123-127.
11. Johnson WB, Koch C, Fallow GO, Huwe JM. Prevalence of mentoring in clinical versus experimental doctoral programs: Survey findings, implications and recommendations. *Psychotherapy* 2000;37(325-334).
12. Shapiro ES, Blom-Hoffman J. Mentoring, Modeling, and money: The 3 Ms of producing academics. *School Psychology Quarterly* 2004;19(4):365-381.
13. Swerdlik ME, Bardon JI. A survey of mentoring experiences in school psychology. *Journal of School Psychology* 1988;26(3):213-224.
14. Kilcher A, Sketris I. *Mentoring Resource Book: A guide for faculty, researchers and decision makers.* Halifax, NS: Dalhousie University; 2003.
15. Morse J. Deconstructing the mantra of mentorship: In conversation with Phyllis Noerager Stern. *Health Care for Women International* 2006;27:548-558.
16. Eby LT. Alternative forms of mentoring in changing organizational environments: A conceptual extension of the mentoring literature. *Journal of Vocational Behavior* 1997;51:125-144.
17. Mavrinac MA. Transformational leadership: Peer mentoring as a values-based learning process. *Libraries and the Academy* 2005;5(3):391-404.
18. Bierema LL, Merriam SB. E-mentoring: Using computer mediated communication to enhance the mentoring process. *Innovative Higher Education* 2002;26(3):211-227.

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