

From Clinic to Classroom: Mentorship for Healthcare Faculty Transitioning into Academia

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Mentorship is crucial for healthcare professionals transitioning from clinical practice to academia. Structured mentorship enhances professional development, job satisfaction, retention, and wellbeing while reducing burnout. This study explores the needs of clinical faculty entering academia at a small liberal arts institution, identifies opportunities to promote a successful and sustainable transition, and develops a framework for implementing a new clinical faculty mentorship program (NCFMP). Supported by social learning theory (SLT) and situated learning (SL), mentorship facilitates role transition through observation, interaction, and shared experiences within a community. An innovative, structured, and comprehensive mentorship program grounded in educational theory and focusing on the specific needs of clinical faculty can facilitate successful integration into academia. Administrators, healthcare faculty, and clinicians associated with a small liberal arts institution participated in four semi-structured focus groups. Thematic analysis revealed three themes: strategic development, mentorship needs, and barriers. Each theme, along with relevant educational theories, guided the development of a framework for the institution's mentorship program. Mentorship integration requires institutional investment, cultural alignment, and strategic infrastructure within centers that support teaching and learning. The developed framework is unique in that it not only integrates insights from multiple viewpoints but also translates qualitative themes into a functional, replicable model for institutional implementation.

Keywords: Mentorship, clinical faculty, transition into academia, mentoring program design, faculty development

Introduction

A small liberal arts institution located in southeastern North Carolina identified a need for mentoring clinical faculty to improve their wellbeing and institutional engagement. An innovative, structured, and comprehensive mentorship program focusing on the specific needs of clinical faculty can facilitate successful integration into academia (Baker, 2019; Bilyeu, 2023; Sambunjak, 2010). Therefore, this study aims to 1) explore the mentorship needs of clinical faculty entering academia at a small liberal arts institution, 2) identify opportunities to promote a successful and sustainable transition that supports the wellbeing of faculty, and 3) develop a framework for implementing a new clinical faculty mentorship program (NCFMP).

Literature Review

Transitioning from clinical practice to academia can be challenging for healthcare professionals due to a lack of access and awareness of resources to support academic roles (Bilyeu, 2023). While clinical expertise equips individuals with the technical skills and knowledge necessary for

effective patient care, healthcare education programs often lack development for academic duties. The demands of academia require different proficiencies, including teaching, scholarship, service, and administrative skills. Learning these new skills necessitates a period of adaptation and development, during which mentorship plays a critical role in bridging the gap between clinical and academic competencies (Baker, 2019; Bilyeu, 2023). A synthesis of the literature suggests that academic competence develops along a continuum, influenced by experience, social interactions with other faculty, mentorship, and exposure to faculty developmental opportunities (Bilyeu et al., 2023; Mann & Gagne, 2017). For new clinical faculty, these interactions are vital for acquiring institutional knowledge and navigating the multifaceted responsibilities of academic roles.

Scholars and professionals across disciplines have long recognized mentorship as crucial for professional growth. Two theories support the use of mentorship for transitioning from clinical to academic roles: Social Learning Theory (SLT) and Situated Learning (SL). SLT emphasizes learning through observation, imitation, and modeling within social contexts (Bandura, 1977). SL focuses on a community of practice, underscoring

the importance of identity formation through engagement in shared experiences (Wenger, 1998).

Guided by these theories, mentorship facilitates role transition by promoting experiential learning, collaborative interaction, and the use of shared experiences to develop a new professional identity in academia.

Successful transitions lead to improved faculty wellbeing and academic performance (Baker, 2019; Bilyeu, 2023). Research emphasizes the importance of mentorship for clinicians entering academia, highlighting its impact on professional development and career satisfaction (Sambunjak, 2010). Studies also identify that structured mentorship processes help address burnout and improve retention rates among academic faculty in health sciences (Baker, 2019).

Despite the evident benefits of innovative mentorship experiences, existing programs often adopt a one-size-fits-all approach, overlooking the unique needs of clinical faculty transitioning into academic positions. Challenges such as balancing teaching, clinical practice, and scholarship; adapting to institutional cultures; and meeting service expectations stress the need for tailored mentorship initiatives (Choi et al., 2019). Further, the lack of support systems for clinical faculty is associated with increased stress, burnout, and turnover rates, underscoring an urgent need for intervention (Baker et al., 2019; Maslach & Leiter, 2016). Lastly, new clinical faculty often require additional resources to develop their pedagogy, which, if absent, can lead to variability in teaching practices, impacting content delivery and student outcomes (Bilyeu, 2023).

Methodology

This study (IRB project number 2024-2025 034) used a qualitative design grounded in a phenomenological approach to explore the lived experiences of academicians and clinicians associated with a small liberal arts institution to determine mentorship needs (Cresswell, 2016). Recognizing that this approach seeks to capture the lived experiences of individuals, the authors considered the impact of SLT and SL to identify features to include in a mentorship program.

Using a convenience sample, program directors and administrative staff sent email invitations to recruit participants. Participation criteria included affiliation with the institution and the ability to inform authors about the development of an NCFMP. Staff, administrators, and faculty members who did not share the development and mentorship needs of clinical faculty were excluded. The emails included a link to express interest, select a focus group time, and indicate preference for in-person or virtual participation. Focus group sessions occurred during institutional meeting times or later in the evening to accommodate participants' availability. Participants self-selected one of three focus groups, as follows:

1. Administrative leaders, including the President, Provost, and Associate Provosts, Deans and Assistant Deans, and Undergraduate and Graduate Program

Directors from the health science programs (1 session).

2. Mentors and faculty within health science programs with greater than three years of full-time academic experience (1 session).
3. New clinical faculty in the health science programs with 1-3 years of full-time academic experience, part-time clinical faculty, and clinicians considering transitioning into full-time academia in the next 5 - 10 years (2 sessions).

Study authors experienced in conducting qualitative interviews facilitated four 60-minute focus groups using a semi-structured interview guide with open-ended questions to explore mentoring needs and desired NCFMP features. Questions sought information from institutional, task, and individual perspectives, focusing on effective mentorship strategies, challenges, and implementation ideas. A Mentimeter™ poll was used to collect demographic data and gather real-time, anonymous feedback, prioritizing aspects of mentorship to start focus group sessions. The authors audio- and video-recorded and transcribed each session using video conferencing platforms. All data was securely stored and de-identified to ensure anonymity before analysis.

Data Analysis

The authors conducted a thematic analysis using NVivo15 data analysis software to code, categorize, and synthesize data into themes reflecting participants' perspectives. These themes informed the development of the NCFMP framework. To ensure trustworthiness, validity, and transparency, two authors coded the data, and a third confirmed the coding and conducted peer debriefing. Reflexive journaling and discussions throughout the process reduced author bias.

Results

Seventeen participants, aged 30-58, participated in the study. Table 1 reflects years of experience in academic and clinical work. Participants preferred various mentorship models and program structures, often selecting a model with multiple mentors for each mentee and a combination of informal/structured program

Theme 1: Strategic Development

Strategic development identified key aspects of the NCFMP structure, including institutional integration, value, and structural design. Structural design emphasized the flow of the mentorship program and provided recommendations for the mentorship model. One participant emphasized a structured yet flexible design, "Scheduled weekly one-hour mentorship meetings, but also... side conversations talking through a challenging situation." Other participants also valued this hybrid model, which would be informal in tone but structured in purpose.

structures.

Participants prefer multiple mentors to one mentee, allowing new faculty to access a range of expertise and a network map. All groups stated that valuing the time of both the mentor and the mentee is essential and stated that the NCFMP would aid in faculty retention and overall institutional success. One participant stated, "This is how we can build and foster our institutional faculty goals...it falls under faculty development...I imagine this program would flow from the center for teaching and learning and relate to one of our strategic goals." Synthesizing participant views, the NCFMP should be integrated within the institution's existing Center for Teaching and Learning to demonstrate alignment with institutional goals and promote the institution's culture of excellence.

Theme 2: Mentorship Needs

Mentorship needs surround the support and resources necessary for the NCFMP to be successful for all participants. Mentors focused on attracting mentors: "We need a mechanism to identify people who want to serve as mentors with faculty development in mind." Mentees also expressed the need for training in pedagogy and teaching. For instance, one mentee stated:

People go to school for years to develop lesson plans to learn how to create content and effective learning strategies. No crash course exists for clinicians...I did not go to school to become an educator...there is no accountability or staff members available to help you become a better educator.

Mentors and mentees identified resources for the NCFMP, including operational support for learning new systems, such as library access and learning management systems, as well as time, faculty development related to pedagogy, and feedback on teaching strategies. Additionally, a roadmap was provided to facilitate the transition into academia, highlighting key areas of focus to include in the NCFMP.

Theme 3: Barriers

Barriers included challenges in implementing the NCFMP and issues experienced during the transition to academia. All groups expressed general barriers, such as unpreparedness, unclear expectations, or a lack of knowledge of duties, ineffective relationships, insufficient resources, and a limited amount of time to participate in the NCFMP.

Mentors expressed barriers in the form of a lack of appreciation. For instance, one mentor stated, "People want to be mentors...if you ask them to

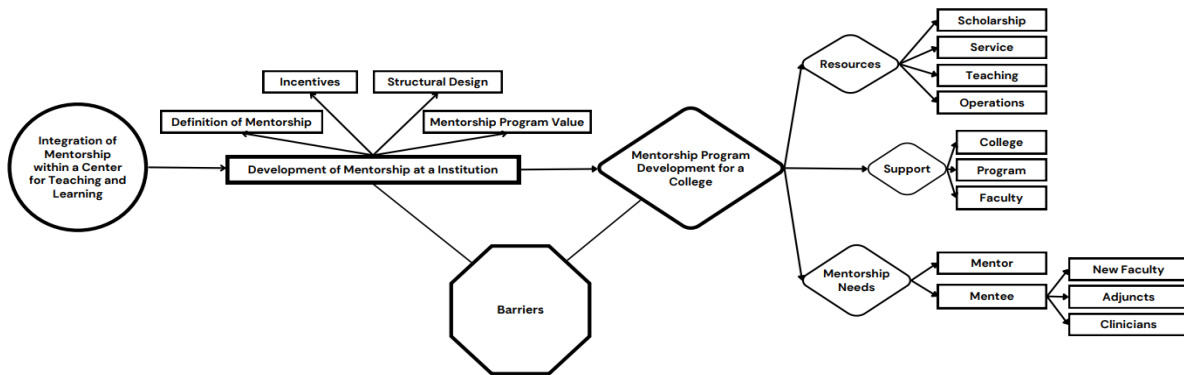
do another thing, then it feels like a job or a chore that they are not appreciated for...the biggest concern is buy-in—getting effective mentors who are excited about it."

Mentees also expressed concerns about the variety of mentors available and the guidance provided. One mentee expressed that the "lack of variable mentors...lack of organization...I need someone else to take control...I need to trust the process of having a mentor." Participant viewpoints underscore the importance of considering specific needs when developing the framework to ensure the NCFMP fosters support that promotes wellbeing.

Framework Development

Synthesizing the data collected and using the three themes as a guide, a framework emerged for implementing the NCFMP (Figure 1). The NCFMP fits within the institutional Center for Teaching and Learning that provides a strong foundational support hub and resources, while simultaneously navigating structural barriers. This framework is unique in that it not only integrates insights from multiple viewpoints but also translates qualitative themes into a functional, replicable model for institutional implementation. What distinguishes this framework is its dynamic alignment with both faculty development goals and most institutional program structures. It does not simply overlay existing faculty support mechanisms. However, it reconfigures them through the lens of the NCFMP's mission, in addressing gaps and creating sustainable pathways for faculty development and mentorship specific to clinical faculty. As such, the framework offers a novel blueprint for embedding equity-driven mentoring programs into all higher education infrastructures.

Figure 1
NCFMP Framework



Note: Framework for implementation of NCFMP

Discussion

This study investigated the mentorship needs of clinical faculty transitioning from clinical practice to academia. Diverse perspectives and educational theories informed the development of a structured, innovative, evidence-based framework for a NCFMP to guide mentorship at a small liberal arts institution. Consistent with existing literature (Dahlke et al., 2021; Sambunjak et al., 2010), the results highlight mentorship as a critical strategy for facilitating socialization, learning job roles, and enhancing job satisfaction.

Guided by SLT and SL (Bandura, 1977; Wenger, 1998), the findings support mentorship as an active, relational process rooted in observation, interaction, and specific experiences. Clinical faculty affirmed these theoretical foundations, expressing the need for guidance in academic tasks, understanding institutional culture, managing role expectations, and balancing new teaching responsibilities. The NCFMP Framework offers a targeted, responsive model for mentorship within the institution.

The findings underscore the critical role of mentorship in facilitating clinicians' transition into academia, particularly in navigating operational processes, pedagogy, and institutional culture. Consistent with the work of Mazerolle et al. (2018), early and structured exposure to operational processes through institutional mentorship helps demystify the academic environment, supports professional integration, and overall wellbeing. The clinical faculty in this study identified a need for mentorship in key pedagogical areas, including curriculum design, instructional methods, classroom management, and strategies for engaging students. These findings align with other research (Dahlke et al., 2021; Mazerolle

et al., 2018), emphasizing mentorship's role in developing teaching-related competencies.

Targeted pedagogical support is a high-impact factor in promoting the successful transition and long-term effectiveness of clinical faculty within the unit and across the institution (Bilyeu, 2023). Additionally, strong preferences emerged for mentorship structures that balance accountability and flexibility. While some found value in scheduled mentorship meetings, others emphasized the importance of organic, ongoing dialogue. The NCFMP Framework emphasizes the importance of structural design and support systems, including mentor training, recognition of mentorship contributions, and dedicated time for relationship building. These insights align with the literature (Mazerolle et al., 2018), reinforcing the value of well-structured, adaptable mentorship frameworks for supporting clinical faculty transitioning to academia.

All participants identified barriers to mentoring. As seen in Choi et al. (2022), the lack of time, availability, and scheduling were consistent barriers in supporting mentoring relationships. Consequently, addressing barriers such as time constraints, unclear expectations, and buy-in is essential for sustainability. This study presents a localized yet transferable framework for mentorship development, addressing the individual needs of faculty members and meeting systemic academic expectations. By aligning mentorship structures within an institutional center for teaching and learning and grounding them in a theory-informed, peer-driven framework, the NCFMP Framework positions the unit and institution to support clinical faculty through meaningful, sustained professional development.

Research Implications

This study highlights the need for clinical faculty development to be intentionally structured and embedded within an institutional center

dedicated to teaching and learning (Figure 1). Embedding in an institutional center supports alignment, transparency, and the integration of resources that reflect the specific demands of academic workloads and professional identities, while aligning with broader institutional goals. By creating intentional connections between strategic development and mentorship needs, institutions can address barriers and develop resources for a sustainable and meaningful mentoring program that fosters a sense of belonging among clinical faculty members and promotes their long-term success in academia.

Limitations

This study had a small sample size, limited to participants from a single, teaching-focused liberal arts institution. The use of convenience sampling may have introduced selection bias, as participants choosing to participate may not represent the same perspectives as the broader audience. Additionally, the institution's size and teaching-centered focus may limit the applicability of the findings to other institutions that have different structures or priorities. Group dynamics may have influenced individual responses. Collectively, these factors limit the generalizability of the findings to other institutions and groups.

Future Research

Examining the mentorship needs of clinical faculty at other institutions is essential to determine if their needs are similar. Faculty transitioning into other disciplines and institutional types, such as industry, graduate programs, and R1, R2, or teaching-focused institutions, could explain similarities or differences in mentorship needs. Further data collection and analysis can determine if different groups share the same or different mentoring needs.

Conclusion

A NCFMP must be intentional and structured, yet flexible enough to foster an authentic connection to clinical faculty needs. Mentorship integration requires institutional investment, cultural alignment, and strategic infrastructure. By embedding mentorship within institutional priorities, higher education can more effectively bridge the gap between practice and academia, ensuring that clinical faculty thrive.

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Appendix

Table 1.
Participant Demographic

| | Administration (n=6) | Mentors & Faculty with > 3 years of Experience (n=5) | Faculty with < 5 years of Experience, Adjuncts, & Clinicians (n=6) |
|-----------------------------------|-------------------------|---|--|
| Academic Experience (years) | 16 - 20 = 5 > 20 = 1 | 6 - 10 = 2 11 - 15 = 1 16 - 20 = 1 > 20 = 1 | 1 - 5 = 5 6 - 10 = 1 |
| Clinical Experience (years) | 0 = 5 16 - 20 = 1 | 0 = 1 16 - 20 = 2 > 20 = 2 | 1 - 5 = 1 11 - 15 = 2 16 - 20 = 2 > 20 = 1 |

Initial qualitative coding yielded 40 codes. After two rounds of code collapsing, five categories emerged. Three overarching themes emerged from the five categories: Strategic Development, Mentorship Needs, and Barriers.