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Mentoring Summit: Strengthening Veterinarian Education Through Mentorship Competencies

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Effective mentoring plays a vital role in growth and learning development within higher education, and veterinary medicine is no exception. Leadership in one veterinary teaching hospital at a university in the southwestern United States identified a need to develop mentoring skills within faculty, staff, and house officers (residents & interns). The university's mentoring team co-developed a day-long Mentoring Summit focusing on evidence-based competencies, including maintaining effective communication, supporting wellbeing, and aligning expectations. The need for improving wellbeing within clinical settings is well-documented and concerning. Recent studies identify the clinical work environment as filled with burnout, lack of collegiality, and imposter syndrome. Unfortunately, these findings and themes are also relevant for animal teaching hospitals. Mentorship development designed for clinical care and rooted in wellbeing is a potential mechanism for clinicians and interns/residents to develop a shared focus to improve these concerning tendencies. Leaders within a Small Animal Teaching Hospital observed a disconnect in the mentor-mentee relationships between faculty and house officers. Therefore, a day-long Mentoring Summit was co-designed with hospital leadership and the university's mentoring team. Over 50 faculty and house officers participated in mentorship development activities, like customized case studies and mentoring resources aligned with the American Animal Hospital Association. The event was further situated in the animal hospital context through reflection of emergent wellbeing trends. Throughout the day, participants engaged in self-reported assessments such as the Mentoring Competency Assessment, Session Feedback Forms, and pre-/post-confidence surveys. Findings report on participant engagement factors and indicate collective increases in participant competency and confidence. This was the first venture of innovating and adapting evidence-based mentoring competencies using a day-long approach. The distinct design for the Small Animal Teaching Hospital offers an innovative model for organizations considering a Mentoring Summit.

Keywords: Evidence-based, workplace mentoring, clinical education, mentorship development, program

Introduction

A Small Animal Teaching Hospital in the southwestern United States identified a need for mentoring development with its employees. To address this issue, the hospital's leadership approached the university's mentoring team for guidance. The mentoring team specializes in educational development training for the university's implementation of nine evidence-based mentoring competencies developed by the Center for the Improvement of Mentored Experiences in Research (CIMER). The mentoring team consisted of four human resource development student workers and the assistant director of mentoring and collaborated with the animal hospital to implement the CIMER curriculum. The leadership team at the animal hospital was represented by the associate department head, and they coordinated the facility and employee registration processes. This collaboration ensured the proper adaptation and innovation of the mentoring competencies for the animal hospital context. The mentoring team iteratively planned with animal hospital leadership for the unique mentoring experiences within the hospital. The leadership planning team quickly determined that a day-long mentoring summit could help address challenges in mentoring relationships among animal hospital employees, such as a lack of communication, discussions on mental health, and the understanding of expectations between mentors and mentees. Specifically, these employees are all doctors of veterinary medicine and include the roles of faculty and house officers (interns and residents in advanced training programs). One distinguishing difference is that house officers are engaged in a rotational learning experience supervised and supported by the faculty. Improvement of mentoring relationships within higher education

workplaces is essential, and how institutions effectively provide customizable designed training warrants further exploration.

Literature Review

Mentorship in higher education workplace contexts serves as a vital component in the development and learning of those employees (Patterson, 2023). Much of the higher education workplace mentoring research is associated within the clinical education workforce (Dyrbye et al, 2018; National Academies, 2019; Trimble et al., 2025). Furthermore, the high-stress environment of clinical education elicits high potential for burnout, job performance, and other mental health issues. For example, in 2014, between 46.3% -71.6% of United States physicians reported experiencing burnout (Dyrbye et al., 2018). Similarly, veterinary medicine reports high burnout levels that lead to low personal accomplishment, high emotional exhaustion, lack of collegiality among faculty, and lack of appropriate feedback from faculty (Chigerwe et al., 2021). Researchers further described such challenges as:

> Qualifications and stretching workplace experiences can facilitate the development of professional confidence and competence and yet paradoxically can also induce feelings of extreme self-doubt when the knowledge/skills/attribute gap feels unexpected, intangible, or unbridgeable and when there is the potential for exposure (Trimble et al, 2025, p. 9).

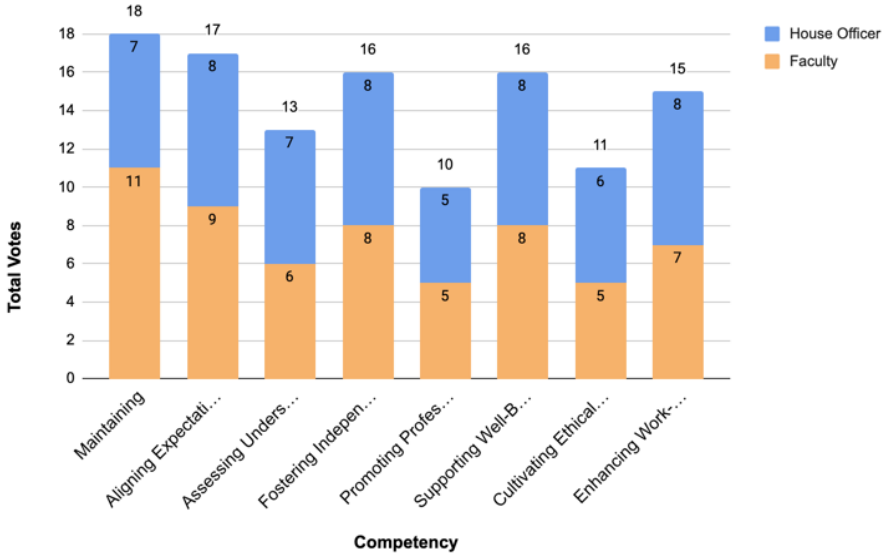
The Sciences of Effective Mentoring in STEMM (2019) recommends the evidence-based mentoring competencies associated with the Center for the Improvement of Mentored Experiences in Research (CIMER) curriculum as the premier mentorship development program. According to the report (2019), the CIMER curriculum was not only the most studied mentorship development program, but also the program that elicited positive impact on both mentors and mentees. In fact, the CIMER project began within clinical translational sciences nearly two decades ago (Handlesman et al., 2005). Although CIMER recommends small group mentorship development sessions, institutions must often innovate and adapt CIMER facilitation to meet the complex demands of each university (Harlin et al., 2023). The intersection of these two themes, clinical workplace mentoring and mentoring development, is where an animal teaching hospital within an R1 university recently found itself in this case study.

Program

Implementing a mentorship development program for the Small Animal Teaching Hospital required a unique adaptation of evidence-based training materials and delivery. While the university historically implements nine evidence-based mentoring competencies, a six-hour summit was quickly determined to be an insufficient length to address all competencies.

Communication between the mentoring team and hospital leadership was critical to designing for the diverse needs of the employees. As part of the early conceptualization phase, the mentoring team elicited a design feedback survey from the animal hospital faculty and house officers. Survey components included the role of the participant (i.e., faculty or house officer) and the CIMER competencies they wished to engage with during the summit. The initial request only resulted in one house officer response, so a secondary request was made. In total, twenty-three responses were gathered from 11 faculty and 12 house officers (see Figure 1). These responses allowed the mentoring team to evaluate the best use of time and effort for the Mentoring Summit design.

Figure 1
Mentoring Summit Design Feedback



Note. The eight competencies are as follows: Maintaining effective communication, Aligning Expectations, Assessing Understanding, Fostering Independence, Promoting Professional Development, Supporting Well-being, Cultivating Ethical Behavior, and Enhancing Work-life Integration.

The mentorship team created and solicited informal input from both the animal hospital faculty and house officer residents. To ensure the Summit's relevance to veterinarians, the mentoring team utilized information situated within the clinical veterinarian space. Case studies and materials developed for faculty were iterated within the guidance relevance of the American Animal Hospital Association (AAHA). In this process, the mentoring team discovered mentorship recommendations and resources specifically identified and approved for mentoring relationships in a veterinary clinical setting. The mentorship team applied the university's standard approach for the Mentoring Summit, including competency learning objectives (Table 1). Ultimately, the Mentoring Summit focused on three competencies: Maintaining Effective Communication, Aligning Expectations, and Supporting Well-being. The latter competency was implemented as a lunch plenary focusing on the unique mentorship and mental health in clinical education.

Table 1
Mentorship Copetency with Learning Objectives

Competency	Learning Objectives
Maintaining Effective Communication	1. Identify different communication styles 2. Use multiple strategies for improving communication (in person, at a distance, across multiple mentors, and within proper boundaries) 3. Provide constructive feedback 4. Communicate effectively across diverse dimensions including various backgrounds, disciplines, generations, ethnicities, positions of power, etc.
Aligning Expectations	1. Effectively establish mutually beneficial expectations for the mentoring relationship 2. Clearly communicate your expectations for the mentoring relationship 3. Work with a mentee to align mentee and mentor expectations 4. Consider how personal and professional differences may influence expectations

Activities associated with Maintaining Effective Communication began with a communication styles inventory to identify, reflect, and discuss various preferred communication styles. Constructive questions provided opportunities for participants to consider the many ways in how a single statement could be interpreted and reframed. The final activity was a customized scenario about Clashing Communication Styles, depicting a house officer and faculty in communication conflict.

Aligning Expectations material was noticeably more situated with the AAHA materials and resources, as the organization and field approved the AAHA Mentoring Guidelines (2023). Participants engaged in smaller groups divided based on their affinity (i.e., faculty or house officer). The final two activities were two scenarios: Second Year Blues and Sulky House Officer.

The Supporting Well-being competency was emphasized as a plenary talk by a veterinarian faculty and Mentoring Summit facilitator. The plenary was entitled: Empowering Veterinary Residents: Overcoming Imposter Syndrome Through Collaborative Learning and Mentorship, and provided current evidence for the challenges faced by members of a clinical setting and the e ffects they have on mental health. Additionally, attendees were given four table prompts for their small group discussion over lunch.

1. What is the current state of mental health and wellbeing within the profession and what factors might contribute to these challenges?
2. What actions could you take to support the mental health and wellbeing of your team members?
3. What can you do if your mentee needs help or advice for something with which you have no first-hand experience?
4. How can you ensure your mentor/professional development also includes technicians and support staff?

Connections between faculty and house officers were encouraged through the intentional grouping of the two roles at each table. This allowed for further evaluation of how mentoring relationships can be strengthened through shared dialogue. There was also time for collaboration among peers to discuss the challenges of the two mentor-mentee affinity groups. To evaluate the effectiveness of the mentoring development practices, participants engaged in self-reported assessments such as the Session Feedback Forms and pre-/post-confidence surveys for Maintaining Effective Communication and Aligning

Expectations. The pre-/post-confidence question asked respondents to rate their ability to maintain effective communication/align expectations in their mentoring relationships.

Results

Findings are reported in the Mentoring Summit order of sequence: Maintaining Effective Communication and Aligning Expectations sessions. Findings include the Session Feedback Forms, followed by descriptive findings of participant' pre-/post- confidence in each competency.

Of the total Session Feedback Form respondents (n = 29), Maintaining Effective Communication had 16 responses, and Aligning Expectations had a response rate of 13 participants. A high percentage of respondents found professional development value in the Mentoring Summit, including Maintaining Effective Communication (n = 13 or 81%) and Aligning Expectations (n = 12 or 92%). Nearly all responses (n =26) found the facilitation effective for the sessions. Over two-thirds of total respondents (n = 23) intended to make changes to their mentoring relationships because of the session, including Maintaining Effective Communication (11/16 or 68.75%) and Aligning Expectations (12/13 or 92%). Most of these respondents indicated the anticipated changes were adding some level of structure to their mentoring relationships, such as developing a mentoring compact agreement and holding a regularly scheduled meeting throughout the relationship.

Before and following each competency session, participants were invited to submit a self-reported confidence in their ability to apply each competency to their mentoring relationships. As depicted in Graph 1, the average Maintaining Effective Communication pre-confidence was 3.23, and post-confidence was 3.53. Graph 2 presents the average pre-confidence (3.15) and post-confidence (3.45) for Aligning Expectations. Responses are included for each likert scale option.

Figure 2

Pre and Post Confidence for Maintaining Effective Communication

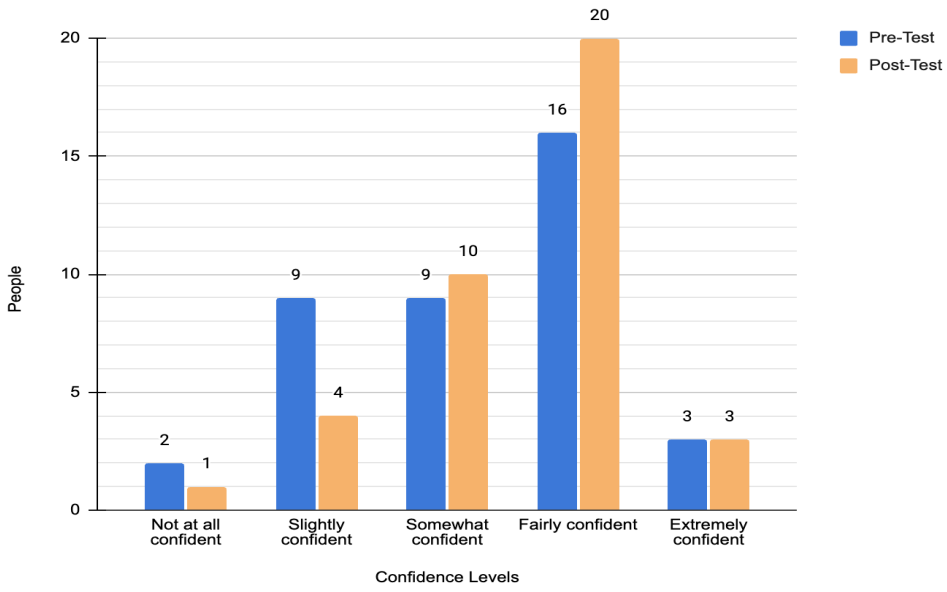
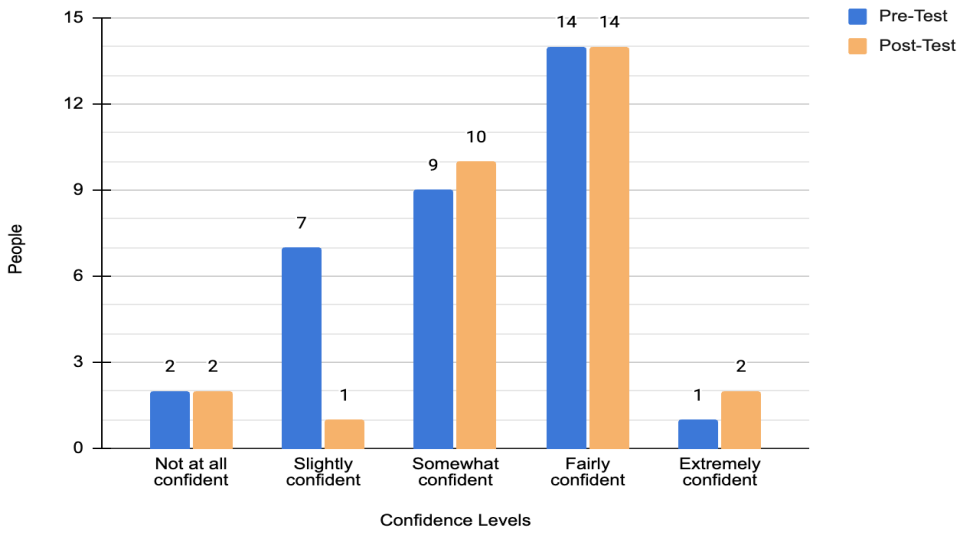


Figure 3
Pre and Post Confidence for Aligning Expectations



Discussion

Based on the findings of the Maintaining Effective Communication session at the Mentoring Summit, participants improved their self-reported confidence to foster strong, supportive mentoring relationships. Participants developed a deeper understanding of different communication styles and practiced strategies such as active listening, providing constructive feedback, and adapting communication across diverse personal and professional backgrounds. Through interactive activities like the Communication Styles Inventory, Constructive Questioning exercises, and case studies, attendees not only reflected on their current practices but also learned actionable approaches to bridge communication gaps effectively.

Participant responses indicated the Aligning Expectations session enhanced participants' ability to set and manage expectations within mentoring relationships, affirming the competency's effective facilitation and design. Participants engaged in real-world case studies, developed mentorship compacts, and discussed strategies for uncovering and aligning both spoken and unspoken expectations. Structured frameworks and peer case study discussions helped participants understand the nuances of expectation management. By focusing on proactive communication, collaborative goal setting, and recognizing mentee individuality, participants left the session better equipped to foster trust, reduce conflicts, and empower mentees' growth. This competency is critical to sustaining effective, supportive, and resilient mentoring relationships within the high-demand veterinary hospital environment.

The outcomes of the mentoring summit indicated that mentoring development can be adapted to fit context-specific iterations. The findings suggest that participants gained confidence in their mentorship ability and found value in the day-long Mentoring Summit. The outcomes support the effectiveness of a customized mentorship development approach and provide a potential innovative model to implement (Harlin et al., 2023).

This study is not without its limitations. The number of participants in the study were limited compared to the mentoring summit attendees; there was about 50 percent engagement in the study. This could lead to self-selection bias and alter the outcomes of the survey. Secondly, the absence of a follow-up survey prevents the mentoring team from evaluating the growth over time. Future research should include a focus on long-term evaluation and encourage greater participation from the attendees. The number of provided surveys could also be evaluated as participation decreased throughout the day. For future iterations of adapted mentoring programs, it is recommended that there be an evaluation of long-term mentoring changes. The mentorship team should also consider providing practitioner resources and descriptions focused on how to approach, design, and implement a Mentoring Summit

Conclusion

The day-long Mentoring Summit with the Small Animal Teaching Hospital demonstrated the value of structured, evidence-based mentoring tailored to organizations. By focusing on three of the nine evidence-based mentorship competencies, the mentoring team was able to focus efforts on issues expressed by the hospital leadership and employees. Findings from the Session Feedback Form and Pre-/Post-surveys demonstrated clear improvements in participants' confidence levels across mentoring skills, while the affinity group discussions fostered deeper peer learning tailored to professional roles. Collectively, a high majority of respondents expressed intent to improve their mentoring relationships within and across the animal hospital. With the success of the Small Animal Teaching Hospital Mentoring summit, there is support for organizing similar tailored mentoring summits in other clinical settings to provide their employees with mentorship development. The Mentoring Summit also emphasized the importance of mental health and inclusivity in mentorship, inspiring participants to commit to continuous mentoring excellence through the formal AAHA mentorship pledge:

I, (your name) , commit to investing my time and effort in a meaningful mentoring relationship within the Animal Hospital. I am dedicated to promoting the institution's Core Values. I strive to foster an environment of support, learning, and growth where everyone feels valued and empowered.

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