Kindling the fire: The power of mentorship



Supplementary material is available with the full text of this article at *AJHP* online.

A mind is a fire to be kindled, not a vessel to be filled.

entorship may be conceptualized as a deliberate, ef-**▲**fortful relationship characterized by mutual growth and shared altruism with a primary goal of the personal and professional development of the mentee.1 This tradition is longstanding (in Homer's epic poem, Mentor was the guide of Odysseus' son), and Hippocrates begins his oath not with discussion of patient care but on the profundity of mentorship ("I will respect the hard-won scientific gains of those physicians in whose steps I walk and gladly share such knowledge as is mine with those who are to follow").^{2,3} Mentoring relationships have the power to be singularly transformative: to create conditions ripe not only for career success but, more importantly, for the highest degrees of self-actualization. Thoughtful discussion of the nature, qualities, and best practices of mentorship is instructive in maximizing these resource-intensive yet highly rewarding relationships. The purpose of this review is to discuss mentorship constructs in the context of the pharmacy profession, with a concentration on the qualities of ideal mentoring relationships.

Creating a philosophy of mentorship. The complexity of mentorship is reflected by multiple terms capturing both implicit and explicit elements employed to describe these relationships (Table 1).⁹ Further, individuals may have multiple people acting in these various (and sometimes overlapping) roles, and these roles may change as the relationship develops.¹⁰ Explicit elements include active transmission of skills and perspectives, while implicit processes involve psychosocial activities such as providing wisdom

and support that can foster a sense of belonging within a professional setting. $^{11-13}$

Mentorship is an effortful practice: effortful in that one gets out what is put into the process and practice in that one is always improving at how to be both the best mentor and best mentee (mistakes are inevitable: own them, apologize, and improve). Moreover, this type of relationship is dynamic, allowing each participant to evolve over time and celebrate the journey.

Ideal mentors have been described as "available, knowledgeable, caring, astute, and challenging," as well as "candid, patient, responsive, and nonjudgmental." 14 Mentors deliberately develop a meaningful relationship with the mentee and employ active listening and sharing of personal experience (including transparency of failures and lessons learned). Through this process, "they assist with the achievement of goals, provide insights into the mentee's strengths and weaknesses, and hold him or her to a high standard of excellence." Mentors fluidly alternate roles as motivators, cheerleaders, sponsors, and coaches.14 Ideal mentees are passionate, adaptable, disciplined, and creative. They are open to new experience, insights, and knowledge. They pursue challenge through new opportunities, feedback, and coaching. They accept that failure and rejection are necessary, temporary stumbling blocks in the journey toward achieving both short- and long-term goals.14

Both mentors and mentees value the opportunity to "rumble." This unique type of conversation is "defined by a commitment to lean into vulnerability, to stay curious and generous, to stick with the messy middle of problem identification and solving, to take a break and circle back when necessary, to be fearless in owning our parts, and . . . to listen with the same passion with which we want to be heard." ¹⁵ As such, ideal mentors and mentees are brave, humble, and honest, with an orientation toward the difficult endeavors of reflection and growth. Both are lifelong learners with a de-

The Letters column is a forum for rapid exchange of ideas among readers of AJHP. Liberal criteria are applied in the review of submissions to encourage contributions to this column.

The Letters column includes the following types of contributions: (1) comments, addenda, and minor updates on previously published work, (2) alerts on potential problems in practice, (3) observations or comments on trends in drug use, (4) opinions on apparent trends or controversies in drug therapy or clinical research, (5) opinions on public health issues of interest to pharmacists in health systems, (6) comments on ASHP activities, and (7) human interest items about life as a pharmacist. Reports of adverse drug reactions must present a reasonably clear description of causality.

Short papers on practice innovations and other original work are included in the Notes section rather than in Letters. Letters com-

menting on an AJHP article must be received within 3 months of the article's publication.

Letters should be submitted electronically through http://ajhp.msubmit.net. The following conditions must be adhered to: (1) the body of the letter must be no longer than 2



typewritten pages, (2) the use of references and tables should be minimized, and (3) the entire letter (including references, tables, and authors' names) must be typed double-spaced. After acceptance of a letter, the authors are required to sign an exclusive publication statement and a copyright transferal form. All letters are subject to revision by the editors.

Term	Characteristics/Practices	Examples
Mentor. An active partner in an ongoing relationship committed to mutual growth and altruism, who helps a mentee maximize their potential both personally and professionally ⁵	Develops the whole person vs specific skillsets	 Discussion of how to establish work-life balance Senior faculty member dis- cussing the key dynamics (major players, stakeholders, etc) of the workplace with a junior faculty member
Advisor. An assigned individual, within a structured program, who assists someone in their plan of study and continued education	 Information resource that provides counsel to help advisee avoid common pitfalls Supports and oversees professional develop- ment Provides concrete advice to ensure their advisee can earn their degree 	 Academic advisors assigned to help students navigate the PharmD program Residency program advisors assigned to review residents' progress
Sponsor. A successful, well-connected individual who can use their influence to facilitate a protégé's entry and advancement in their field	Connects the mentee with appropriate oppor-	 Recommendations for a national committee Collaboration opportunities (egmanuscripts) Sharing of speaking engagements
Coach. An experienced individual focused on developing a junior professional's specific skillset by providing training and guidance	 Encourages skillset development and helps the individual being coached think through their next steps on their own Sharpens an individual's ability to frame and solve their own problems Asks questions to identify new context, which allows the individual being coached to make new observations or view things in a different light 	 Preceptor coaching a learner through various activities (eg, clinical reasoning, designing and delivering presentations, medical writing, etc)
Role model. An individual considered as a standard of excellence to be imitated because of their positive professional characteristics ⁷	 Teaches by example ("walks the talk") Models passion for their work but may not necessarily engage with the individual observing them Can influence large numbers of individuals ("Being a role model is what happens when you are busy doing other things."⁸) 	 Preceptor modeling how they interact with peers, trainees, and patients³

sire to bring out the best in others and themselves.¹⁴ Notably, none of these ideals emphasize qualifications or achievements. Each individual is encouraged to consider their personal values and to develop a philosophy of mentorship. Application of the ethical principles of medicine (ie, autonomy, beneficence, justice, nonmaleficence, and truthfulness) has been proposed as a construct for mentorship best practices (Table 2).¹⁴

Beneficence. What mentors and mentees bring to the table. Beneficence is the intent for net benefit of the individuals involved and may be thought of as "the creative process" of personal and project-oriented improvement. While the benefits of a mentor can be readily apparent (eg, skill transfer and new opportunities), what a mentee brings to the table can be more

subtle yet equally transformative. Mentees can bring fresh ideas, energy, and perspectives, different skillsets, and synergistic interests to the relationship (eg, the first time a mentor writes a letter to the editor at the impetus of a mentee asking whether it would be a good idea). Further, feelings of mutual generosity and helpfulness are mood boosters that decrease stress and increase feelings of connection. Additionally, the development of mentorship networks (ie, communities connecting individuals based on current and historical relationships) has the power to not only help advance the individuals but also promote the advent of team science, new discovery, and innovative pharmacy practices. Mentees are encouraged to make suggestions, and, in turn, mentors are encouraged to help mentees pursue these new ideas. Both are encouraged to make connections with different individuals in their networks.

Construct	Dos	Don'ts	Example
Beneficence	 Mentors: seek opportunities for personal development and pro- fessional advancement to create new learning opportunities Reevaluate goals as the relation- ship matures 	 End a mentoring meeting without having the next meeting scheduled Be closed minded to new ideas 	After a conversation with a mentee about interest in networking at a national level the mentor suggests the mentee for a committee and provides a recommendation to the current committee chair.
Truthfulness	 Set clear expectations Establish a set feedback schedule/structure (eg, Feedback Friday, completion of each project) Encourage constructive feedback on performance (as mentor and mentee) Act on feedback received Maintain a confidential environment Be honest in identifying goals, deficits, and interests 	put constructive comments in written evaluations Give excuses when you re- ceive constructive feedback Omit times intended for open	A mentee expresses interest in pursuing residency and requests support. In turn the mentor expresses expectations for the process (eg, providing a draft letter of recommendation by mid-November, mentee to schedule meetings to discuss curriculum vitae revisions, strategizing the "program list" before application deadlines).
Justice	 Dedicate adequate time, but also preparation, energy, and emotional capacity Devote full attention to the mentor/mentee during meetings 	 Cancel a mentorship meeting because of "more important" tasks Be distracted by other responsibilities during a mentorship meeting 	Before a meeting regarding an upcoming interview, the mentee develops a list of questions to ask, and the mentor ensures adequate time for the meeting to allow for thoughtful discussion of answers.
Nonmaleficence	Promote diversity and inclusion Establish criteria for ending the relationship	Humiliate or otherwise put down a mentee, especially in a professional environment	A mentor is involved with a series of collaborators on a review paper and suggests a mentee for a writing role. Another collaborator suggests this mentee be "acknowledged" but not included as an author. The mentor decides that, given the suggested effort and needs of the mentee, this is not the best opportunity for the mentee.
Autonomy	 Mentees: proactively reflect on gaps and seek mentors and mentees Identify potential mentors through project-oriented work (eg, professional organizations, research projects) Sign up for formal mentorship programs Mentees should spark discussion and identify topics 	 Rely on a single mentor for all mentoring needs Mentors: rely on solely unidir- ectional contact, especially for mentors who have identi- fied a potential protégé 	consultation and suggests discussions

Our chief want in life is someone who shall make us do what we can. This is the service of a friend. With him we are easily great.

-Ralph Waldo Emerson

Speaking belief into another individual often allows them to go further than they believed they could because someone else thought it was possible. Through the affirmation of that individual and celebration of a growth mindset, hard work, and milestones, a mentor can be a great source of inspiration and support. Cheerleading, or the celebration of milestones, is a gratitude practice, "allowing yourself the pleasure of accomplishment, or love, or joy—of really feeling it, of basking in it—by conjuring up gratitude for the moment and for the opportunity." ¹⁵ The best leaders are those who "stop and celebrate . . . victories, no matter how small" and who can acknowledge that "yes, there's more work to be done, and

things could go sideways in an hour, but that will never take away from the fact that we need to celebrate an accomplishment right now."15 Notably, studies show that active, daily practice of gratitude deepens relationships and has health benefits including improved sleep habits and lower levels of depression.¹⁷ Sincerely thanking mentees for their hard work, diligence, insights, etc (which also promotes a growth mindset by thanking them for effort over achievement) while also taking the time to celebrate milestones can develop a relationship characterized by well-being and growth. Practical applications may include a "congratulatory" meal for matching in residency, a coffee mug with the mentee's first publication printed on it, etc. For mentees, the authors note the anecdotal frequency of a "feel-good" file in a desk drawer or email inbox for thank you notes and other good news shared by mentees.

Truthfulness. One on one: developing a personal relationship.

What I'm really concerned about is reaching one person.

-Jorge Luis Borges

At the heart of every mentor-mentee dynamic is a personal relationship defined by trust. Trust may be defined as "choosing to risk making something you value vulnerable to another person's actions." Trust is built through an amalgam of honesty, vulnerability, and consistency.

Brown has likened the development of a trusting relationship to putting marbles in a jar, with small gestures of kindness acting as individual marbles. In this way, "trust is built slowly, over time, and in small moments" and "based on small actions." 15 In Julie Zhuo's The Making of a Manager, she discusses that a minimum of weekly 30-minute one-onone meetings are necessary for a manager to be able to develop a personal and trusting relationship with their team and that at least one of these meetings each month should be devoted to more long-term goal planning for that individual.¹⁹ Quite simply, the best way to develop a relationship is to spend time together, likely both in talking and in working together collaboratively, even over meals, as social eating has been shown to foster connection.²⁰ This time should be characterized by both active and empathetic listening, freeing oneself of distractions (eg, email), and thoughtful use of nonverbals (eg, meaningful eye contact). Small actions such as quick replies to emails, setting and meeting timelines, asking insightful questions, and remembering details can quickly develop rapport. Caring must be coupled with work and development: mentees are advised to invest deeply in the counsel, feedback, and opportunities afforded by a mentor, to actively demonstrate that the time spent has been worthwhile, as it is likely to open new doors. Practically speaking, mentor and mentee must be deliberate in both

prioritizing scheduling time spent with the other and then maximizing that time together through effortful communication practices. This communication includes both task-oriented and personally oriented discussion (eg, discussion of how to write a manuscript but also next career steps). In this way, mentoring is truly about caring more than about specific skills or knowledge, as when Maya Angelou states, "In order to be a mentor, and an effective one, one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of chemistry, or of blood or water. Know what you know and care about the person, care about what you know and care about the person you're sharing with."

Tough talk: honest communication and delivering feedback. When done well, feedback "transforms people in ways they're proud of." Both formative and summative, task-oriented and behavioral feedback are necessary for professional and personal growth.

Mentors are not there to make us "happy." They are there to guide us to the best of their knowledge.

-Samira DeAndrade

Feedback is best given when there is established trust and belief that anything said is because the mentor (or mentee) cares for the other. Feedback should go both directions between mentor and mentee, with the goal to improve skillsets and aid understanding of how others view them. Best practices include passing along positive feedback heard, being specific and using examples, and closedloop communication (ie, ensuring feedback is understood as intended). "Learning to love the red pen or the red track changes" takes a growth mindset, and, similarly, to withhold feedback for improvement is ultimately a great disservice. Mentors should specifically seek feedback from their mentees. Cosette Gutierrez writes, "if your mentors only tell you that you are awesome, it's time to find other mentors." Notably, most every major disappointment that occurs in a relationship was an initial failure to set expectations, and, if a mentor finds themselves disappointed, they must first assess where they missed setting a clear expectation. Effective feedback takes both time and effort to provide and benefits the individual greatly. Ultimately, feedback is a gift that should be given generously.

Justice. Justice may be thought of as awareness that both the burdens and benefits should be distributed equally. Justice may include examples of providing appropriate authorship order based on the work completed but may also be thought of in terms of prioritizing the relationship thoughtfully.

Nonmaleficence. Shared altruism of mentorship is governed by nonmaleficence (or the intent that actions are undertaken without harm to the individual). Examples may

include the mentor considering the "return on investment" of various experiences for a mentee and providing credit for all work done. For a mentee, viewing their work products and personal growth as a professional reflection on the mentor may uphold this ideal. Although any relationship set in the crucible of a high-stress professional environment with fallible individuals will likely undergo strain or misjudgments, these infractions should be quickly followed up with open discussion and amends (eg, an apology for sharp words). Further, certain pitfalls should be considered red flags for either individual, including the mentor claiming academic credit for the mentee's work, either participating in scientific or academic dishonesty, betrayal of mentor/mentee personal confidence, or deliberately acting to keep the mentee from advancing professionally. Sexual harassment or other forms of bigotry should never be tolerated, and the mentee is encouraged by these authors (and the profession) to seek guidance in these scenarios.

Autonomy. Autonomy is the mutual respect for the independence of thought, intention, and action of each individual. Because growth toward the independent and successful functioning of the mentee is the primary goal, mentor-mentee relationships are dynamic and synergistic enterprises.

The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves.

—Steven Spielberg

Previously, 4 stages of mentorship have been proposed: initiation, cultivation, separation, and transformation.²¹ Allowing for healthy separation and transformation can yield rich, long-lasting relationships. Best practices may include the mentor assigning "reach" tasks (ie, a challenging task that balances both current and new skillsets), encouraging their mentee to seek alternative viewpoints and other advisors/mentors, and respecting the decisions of the mentee. For the mentee, engaging meaningfully with the mentor to elicit alternative viewpoints and providing clarity of plans and perspectives is key to help the relationship evolve. Bligh summarizes this process well: "as the mentee develops confidence and independence, so the role of the mentor/teacher evolves from one of authority and then guide to finally colleague and companion."²²

Mentors mold mentors. Brown writes, "living into our values means that we do more than profess our values, we practice them. We walk our talk—we are clear about what we believe and hold important, and we take care that our intentions, words, thoughts, and behaviors align with those beliefs." To this end, creating mentors is perhaps the ultimate metric, and a mentor must be intentional regarding their beliefs on the value and journey of mentorship. Discussion of their personal philosophy

of mentorship, encouragement of a mentee to act in a mentoring role (and reflect on these activities), and demonstration of a lifelong commitment to perfecting the craft of mentorship are core elements. The eAppendix provides resources for further development. Although activities can be as formal as creating a mentee's teaching philosophy, great value can come simply from overt discussion of the mentor's perceptions of mentorship.²⁵ Layered learning has been proposed in the clinical pharmacy realm as a highly effective teaching style^{26,27}: here the mentee, under the oversight of their mentor, may mentor a junior individual (ie, the mentee's mentee) in a targeted fashion or observe their mentor being advised by the mentor's mentor. Examples include a postgraduate year 1 resident, under the oversight of a preceptor, leading a topic discussion or patient counseling experience for a fourth-year student. In an academic setting, a research project could potentially include 2 learners of varying years (eg, second and third year), a resident (perhaps the official mentee), the pharmacist mentor, and the mentor's mentor or another more senior individual. Herein the mentor is modeling both how to be a mentee through working with a senior investigator and deliberately creating an opportunity for the resident mentee to foster relationships with students.²⁸ Further, layered learning can potentially "offload" certain aspects of a project through creating concrete teaching/mentoring opportunities. For a mentor, deconstructing a thought process for how and why they gave certain advice in a certain setting so that a mentee can "see behind the curtain" may be especially useful. For a mentee, identifying and pursuing opportunities to act in a mentoring role, while also attaining feedback from the new mentee and current mentor, can be vital to this process.

Cartography of mentorship: charting next steps. Ignorance may be defined as "not knowing what you don't know." Mentors have a unique role in identifying new opportunities and items the mentee did not realize about themselves or the profession.

One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course to their destination.

-John C. Maxwell

While many close relationships emphasize mutual acceptance, a mentor has a singular opportunity to see someone both as they are and as they may yet be. This "double vision" that allows for celebration of an individual along with a belief in who they can become combines accurate observation, cheerleading, and actionable advice. This construct is depicted by the 4 squares in the Johari window: open self (known to self and to others), blind self (known to others but not known to self), hidden self (known to self, not known to others), and unknown self (unknown to both self and others). Discussing these observations and insights helps mentees chart a developmental course they may not have otherwise been able to navigate: through working with a mentor, the open self, or "public space," is expanded and blind spots are minimized,

allowing for both targeted skillset development (eg, suggesting national organization involvement) and overall growth (eg, overcoming fear of healthy conflict). Mentors should be purposeful when reflecting on these "next steps" and identifying types of opportunities and areas for development. In turn, mentees should practice openness to new experiences to enrich their skillsets, networks, and perspectives.

Conclusion. Each mentoring relationship is as unique as the individuals involved, and practicalities (eg, life chats while hiking vs formal discussions scheduled over video conferencing) will be driven by these individualized dynamics. Mentors and mentees are encouraged to adapt the constructs presented here to their interests and preferences, be that pursuing a mutual enjoyment of 5K runs or a "book club" that leads to meaningful discussions or simply finding reasons to "check in" via email at regular intervals. Globally, face time that underpins reliable communication practices making each individual feel cared for is a necessary element to any meaningful relationship. Participating in a mentoring relationship is a gift and an honor. From the haphazard student that matches in a competitive residency program to one too shy to make eye contact on the first meeting confidently delivering grand rounds to the 1-line email "wanted to let you know I bought my students lunch today, so I haven't forgotten to pay it forward," mentorship goes beyond achieving professional goals to what makes us human: a desire for connection. Devoting deliberate effort in honing this craft has ramifications for the entirety of the pharmacy profession as, when practiced well, each individual may be transformed synergistically for the better.

- Metzger AH, Hardy YM, Jarvis C, et al. Essential elements for a pharmacy practice mentoring program. Am J Pharm Educ. 2013;77(2):23.
- Church AJ, Flaxman J, Homer. The Story of the Odyssey. Macmillan and Co.; 1891.
- 3. Edelstein L. *The Hippocratic Oath: Text, Translation and Inter*pretation. The Johns Hopkins Press; 1943.
- Frei E, Stamm M, Buddeberg-Fischer B. Mentoring programs for medical students—a review of the PubMed literature 2000-2008. BMC Med Educ. 2010;10:32.
- Platz J, Hyman N. Mentorship. Clin Colon Rectal Surg. 2013;26(4):218-223.
- MacLeod S. The challenge of providing mentorship in primary care. Postgrad Med J. 2007;83(979):317-319.
- Benbassat J. Role modeling in medical education: the importance of a reflective imitation. Acad Med. 2014;89(4):550-554.
- 8. Paice E, Heard S, Moss F. How important are role models in making good doctors? *BMJ.* 2002;325(7366):707-710.
- Brondyk S, Searby LJ. Best practices in mentoring: complexities and possibilities. Int J Mentoring Coaching Educ. 2013;2(3):189-203.
- Chopra V, Arora VM, Saint S. Will you be my mentor? Four archetypes to help mentees succeed in academic medicine. *JAMA Intern Med.* 2018;178(2):175-176.
- 11. Barondess JA. On mentoring. J R Soc Med. 1997;90(6):347-349.
- 12. Inzer LD, Crawford CC. A review of formal and informal mentoring. *J Leadership Educ.* 2005;4(1):31-50.

- Nieuwstraten C, Huh A, Liu G, et al. Developing, implementing, and evaluating a formal pharmacist mentorship program. Can J Hosp Pharm. 2011;64(2):124-130.
- 14. Newsome AS. Pay it forward. *Am J Health-Syst Pharm.* 2020;77(14):1166-1168.
- 15. Brown B. Dare to Lead: Brave Work, Tough Conversations, Whole Hearts. Random House Large Print; 2018.
- 16. McGonigal K. The Upside of Stress: Why Stress is Good for You, and How to Get Good at It. Avery; 2015.
- 17. Huffington AS. *Thrive: The Third Metric to Redefining Success and Creating a Life of Well-being, Wisdom, and Wonder.* 1st ed. Potter/Ten Speed/Harmony/Rodale; 2015.
- Feltman C, Giorgio D. The Thin Book of Trust: An Essential Primer for Building Trust at Work. Thin Book Publishing; 2010.
- 19. Zhuo J. *The Making of a Manager: What to Do When Everyone Looks to You.* Portfolio/Penguin; 2019.
- 20. Kniffin KM, Wansink B, Devine CM, et al. Eating together at the firehouse: how workplace commensality relates to the performance of firefighters. *Hum Perform*. 2015;28(4):281-306.
- 21. Haines ST. The mentor-protégé relationship. *Am J Pharm Educ.* 2003;67(3):82.
- 22. Bligh J. Mentoring: an invisible support network. *Med Educ.* 1999;33(1):2-3.
- 23. Brown CB. Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead. 1st ed. Gotham Books; 2012.
- Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: a qualitative study. *Acad Med.* 2009;84(1):135-139.
- Waghel RC, Wilson JA, Battise DM, et al. Reflections on a yearlong student and pharmacist paired mentorship program. Curr Pharm Teach Learn. 2017;9(4):713-718.
- 26. Pinelli NR, Eckel SF, Vu MB, et al. The layered learning practice model: lessons learned from implementation. *Am J Health-Syst Pharm.* 2016;73(24):2077-2082.
- 27. Loy BM, Yang S, Moss JM, et al. Application of the layered learning practice model in an academic medical center. *Hosp Pharm.* 2017;52(4):266-272.
- Smith SE, Newsome AS, Hawkins WA, et al. Teaching research skills to student pharmacists: a multi-campus, multi-semester applied critical care research elective. *Curr Pharm Teach Learn*. 2020;12(6):735-740.
- Verklan MT. Johari window: a model for communicating to each other. J Perinat Neonatal Nurs. 2007;21(2):173-174.

Andrea Sikora Newsome, PharmD, MSCR, BCPS, BCCCP, FCCM

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Augusta, GA

Department of Pharmacy Augusta University Medical Center Augusta, GA, USA sikora@uga.edu

Pam M. Ku, PharmD, BCPS

Department of Pharmacy Augusta University Medical Center Augusta, GA, USA

Brian Murray, PharmD, BCCCP

Department of Pharmacy University of North Carolina Medical Center Chapel Hill, NC, USA

Susan E. Smith, PharmD, BCPS, BCCCP

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Athens, GA, USA

Rebecca Martin Powell, BS

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Augusta, GA, USA

W. Anthony Hawkins, PharmD, BCCCP

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Albany, GA

Department of Pharmacology and Toxicology Medical College of Georgia at Augusta University Albany, GA, USA

Trisha N. Branan, PharmD, BCCCP

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Athens, GA, USA

Christopher M. Bland, PharmD, FCCP, FIDSA, BCPS

Department of Clinical and Administrative Pharmacy University of Georgia College of Pharmacy Savannah, GA,

St. Joseph's/Candler Health System Savannah, GA, USA

Address correspondence to Dr. Newsome (sikora@uga.edu).

Disclosures: Dr. Newsome has received research funding through the National Center for Advancing Translational Sciences of the National Institutes of Health under award numbers UL1TR002378 and KL2TR002381; she consults for Ayma Therapeutics. The other authors have declared no potential conflicts of interest

Keywords: academia, clinical pharmacy, education, mentorship, professional development

© American Society of Health-System Pharmacists 2021. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

https://doi.org/10.1093/ajhp/zxab295