THE ART OF MENTORING IN A CLINICAL SETTING

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DISCUSSION POINTS

- Mentoring?
  - Definition
  - Importance
  - Benefits
  - Constraints

- Mentoring Basics
  - Setting parameters and goals
  - Establishing a relationship
  - Developing a schedule and time line
  - Considering financial benefits and implications
  - Tools

MENTORING SCENARIOS

- Mentoring a new graduate newly hired
- Mentoring a therapist to supervise a level II O. T. intern
- Mentoring the experienced therapist (2 years of experience or more)
- Developing expertise or leadership skills through mentoring
Mentoring in a Clinical Setting

PROGRAM EXAMPLES
- Pediatric Feeding
- Neonatal Intensive Care Unit (NICU)
- Hand Therapy

OBJECTIVES OF THE PRESENTATION
- Participants will:
  - gain ideas for implementing a mentoring program in their clinical setting.
  - see examples of:
    - forms
    - tools
  - identify obstacles and explore ideas for overcoming them.

LEAN IN
- Learn to fully take advantage of a mentoring relationship by “Leaning In”

- Lean In, Sheryl Sandberg, 2013
DEFINITION

As Defined in the OT Literature

- Coaching — Involves collaboration, motivation, skill development, facilitating relationships and development of people. (Joel Garfinkle in AOTA’s Practice Pulse, 1-28-2014)
- Mentoring — A partnership focused on professional development, career development or personal growth. (Foss, J.J. 2011)

FUNCTIONS OF MENTORING

1. Career Development
2. Psychosocial Development

TYPES OF MENTORING

- Formal
- Informal (Kram 1985 & 1985)

DEFINITION

As Defined in Other Fields

- Coaches — (defined by Elizabeth Fried owner, N.E. Fried & Associates, Executive Coaching)
  - Help a person achieve the short and long term goals of an organization.
- Mentors — Provide advice in a reciprocal relationship (Sheryl Sandberg in Lean In 2013)
  - Relationships develop between people who have common interests
  - Companies moving from informal mentoring to formal mentoring programs because of the benefits
- Sponsors — Use their influence to advocate for a person. Both are crucial for career progression.

IMPORTANCE OF MENTORING

- AOTA Centennial Vision
  - By 2017, OT will be a powerful, widely recognized, science-driven and evidence-based profession with a globally connected and diverse workforce.
  - Preparing OTs and COTAs for the 21st century
  - Strengthening the profession’s capacity to influence and lead
  - OTs will need to hold leadership roles in
    - Health care delivery systems
    - Be active in policy making
    - Utilize technology to provide services
    - Personal Growth and Development
PERSONAL BENEFITS OF A MENTORING

- Pilot Program in mentoring in 2007 & 2008 through AOTA (Stephanie Yamkovskaia, AOTA website)
  - Increased confidence
  - Improved communication strategies
  - Improved image of oneself as a leader or expert
- Increased productivity
- Improved professional competence

PERSONAL MENTORING EXPERIENCE

- Who is or was a mentor to you?
- What was important in the relationship?
- What did you gain from the relationship?
- What could have been done differently?

PROGRAM BENEFITS FROM MENTORING

- Improved program respectability
- Increased level of competence of staff
- Meeting or exceeding standards of practice
- Creating more efficient practices
- Improved communication
- Rejuvenation
BENEFITS OF MENTORING (BAKER 2011)

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Mentee</th>
<th>Organization</th>
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<tbody>
<tr>
<td>• Greater understanding of barriers</td>
<td>• Develop potential capability and perspective</td>
<td>• Increase morale and motivation</td>
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<tr>
<td>• Enhance one’s own skills in coaching, counseling and listening</td>
<td>• Enhance ability to control one’s own learning</td>
<td>• Reduce turnover and absenteeism</td>
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<tr>
<td>• Develop leadership skills</td>
<td>• Improve career mobility</td>
<td>• Increase productivity</td>
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<tr>
<td>• Gain recognition</td>
<td>• Develop ability to give and receive feedback and encouragement</td>
<td>• Identify latent talent</td>
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<td>• Learn new perspectives to solving problems</td>
<td>• Develop new contacts within the organization and profession</td>
<td>• Develop leadership capability</td>
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<tr>
<td>• Pass on experience and wisdom to help others</td>
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<td>• Improve professional standards</td>
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CULTIVATING A RELATIONSHIP IS LIKE PLANTING A GARDEN

CONSTRAINTS FOR A MENTORING PROGRAM

- Finances
- Productivity and time
- Management support
- Matching the mentor and mentee
- Attitude of the mentee and mentor
- Monitoring the process
MENTORING BASICS

A. Setting parameters and goals

B. Establishing a relationship

C. Developing a schedule and a time line and sticking to it

D. Considering financial benefits/implications

E. Tools

A. SETTING PARAMETERS AND GOALS

- Alignment with National and/or state standards for a specific program
  - California advanced practice certification
  - National standards
  - Educational institution requirements

- Developing professional goals related to the standards
  - AOTA Professional Development Tool (PDT)

- Establishing measurements for meeting the standards
  - Specific skills required to meet goals (Tools)

- Assessing progress

B. ESTABLISHING A RELATIONSHIPS

- Mentoring Lifecycle (Clutterbuck, Kram, Ragins)
  - Initiation, Cultivation, Separation, Redefinition

  - Initiation
    - common bonds
    - what does mentee want from a relationship
    - highlight expectations

  - Cultivation
    - goal are set and may be adjusted
    - mentor cultivates independence but remains available to help with setbacks.
LIFECYCLE CONT.

- **Separation** – goals are achieved, changes in environment, termination due to disruption in the relationship
- **Redefinition** – professionals now exist as peers, may have some counseling and occasional coaching

C. DEVELOPING A SCHEDULE AND TIME LINE

- How often do you plan to meet?
  - Will you meet during a treatment session?
  - Will you meet via telephone?
  - Will you have online meetings?
- In what order do you want to address the goals?
- When do you hope to accomplish each goal?
- How will you track your progress?
- When will you re-evaluate the program?

D. FINANCIAL BENEFITS/IMPLICATIONS

- How much time will be needed to reach the mentee’s goals?
- How much time can the department afford?
  - Is the department meeting or exceeding productivity standards?
- What are the benefits for the overall OT department?
- How will this enhance productivity?
- How will the mentor program improve other employee’s skills and morale leading to improved retention?
E. Tools Available Through AOTA

- **Emerging Leaders Development Program**
  - Practitioners with less than 5 yrs. Experience
  - 2 days of training at AOTA headquarters
  - Pairing with a mentor who holds a leadership position within AOTA
  - Relationship lasts 1 year
  - Includes practicum learning activities.

- **Coordinated Online Opportunities for Leadership (COOL)** [www.aota.org/COOL](http://www.aota.org/COOL)
  - Members develop a profile that indicates expertise, areas of interest and time available for volunteering

- **AOTA social media site, OT Connections,** [www.otconnections.org](http://www.otconnections.org)
  - Brainstorm solutions to issues.

AOTA Tools Cont.

- **Leadership Development Program for Managers.**
  - OT practitioners in leadership roles with 5 or more years of experience
  - 15 applicants per year
  - 2.5 days of training on management topics.

- **Professional Development Tool (PDT)**
  - Available at [www.AOTA.org](http://www.AOTA.org)
  - For AOTA members only

PDT

- Portfolio
- Self Assessment
- PDT
E. Tools – State and National Standards

- National Board for Certification in Occupational Therapy: [www.nbcot.org](http://www.nbcot.org)
- Pediatric Hand Therapy Forum

**The Skills, Attributes of Good Mentors**

*Fossett 2011*

- **Skills**
  - Listening and communicating actively
  - Providing feedback and constructive criticism
  - Building relationships
- **Attributes**
  - Self-awareness including self-regulation
  - Patience and empathy
  - Flexibility and acceptance
  - Political astuteness
  - Enthusiasm and commitment

**Responsibilities of Good Mentors**

*Roberts and Savage 2003*

- Fostering reflection
- Instructing and motivating
- Supporting critical thinking and clinical reasoning
- Facilitating problem solving and decision making
- Encouraging application of learning
LEARNING STYLES & FEEDBACK PREFERENCES

- **VARK** – visual, aural, read/write, kinesthetic, available online at: [www.vark-learn.com](http://www.vark-learn.com)

Questions such as:
Remember a time when you learned how to do something new. (not a physical skill like riding a bike.) You learned best by:
- watching a demonstration
- listening to somebody explaining it and asking questions
- diagrams, maps, and charts – visual cues
- written instructions – e.g. a manual or book

VARK

You want to learn a new program, skill or game on a computer. You would:
- read the written instructions that came with the program
- talk with people who know about the program
- use the controls or keyboard
- follow the diagrams in the book that came with it

MENTORING A NEW GRADUATE NEWLY HIRED

- Establish training needs
  - Department specific
  - Mentee specific
- Determine who should be the mentor
- Mentor and mentee establish a schedule.
- Evaluate progress
- Adjust schedule
TOOLS – O.T. MENTOR DUTIES

1. Orientation for New Employee

A. Schedule weekly sessions for the first month and subsequent visits as determined by mentee’s need and as agreed upon by O.T. Manager
B. Review O.T. section of the New Employee Manual
C. Provide an O.T. Mentoring Time Tracking form and complete at each meeting.
D. Review O.T. Treatment Guidelines
E. Review community resources
F. Review funding sources
G. Review/teach evaluation tools and procedures
H. Complete OT Department Orientation Check List

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
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<tbody>
<tr>
<td>Observe 2 hrs OT, 1 hr. PT, 1 hr. SP</td>
<td>Scheduling orientation 1 hr.</td>
<td>Shadow groups 2 hrs.</td>
<td>Treating pts. 2 hrs.</td>
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<td></td>
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<td>Shadow in NICU for dysphagia 3 hrs.</td>
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MENTORING A LEVEL II FIELDWORK PRECEPTOR

- Three Types of Fieldwork Preceptors
  - 1. Those who make things happen.
  - 2. Those who watch things happen.
  - 3. Those who say, “What happened??”

You are the:
- Socializer
- Educator
- Evaluator
- Conflict Resolver
- Role Model

CHOOSING THE PRECEPTOR

- Identification that the therapist is ready for an intern:
  - confidence level
  - interaction with staff, peers, clients, families
  - at the facility for approximately one year – knows documentation, procedures and policies
  - skill level

CHOOSING THE PRECEPTOR

- Discuss the benefits of having a student which are:
  - A sense of assisting and developing another for his or her professional role
  - Professional self-growth –keeping current
  - Peer recognition
  - Verify therapist’s and confirm that they are ready for a student.

- Institutional benefits associated with supervising
  - Enhancing the reputation of OT facility as a leader in treatment and education
  - Recruitment
**Role of the Preceptor**

- Presents clear expectations of performance throughout the fieldwork experience
- Anticipates and prepares student for challenging situations
- Provides student with prompt, direct, specific and constructive feedback throughout the fieldwork experience
- Aware of own personal style of supervision
  - Able to adapt the approach in response to student performance
- Uses a variety of strategies
  - to provide communication and feedback
  - to promote student professional development

**Role of the Preceptor cont.**

- Uses a progression of supervisory approaches throughout the student learning cycle,
  - changes approach to support student learning
- Initiates interaction to resolve conflict & raise issues of concern
- Elicits and responds to student’s feedback and concerns
- Models appropriate professional behaviors when interacting with students, clients and peers.

**Challenges to Providing Feedback**

- Uncomfortable because it seems impolite or rude to point out weaknesses
- Defensive reaction by the receiver
- Generic or shallow feedback (“it was good”)
- Making time to give feedback
- Concern over reaction of the receiver
- Lack of confidence on the part of the giver
**TIPS FOR GIVING FEEDBACK**

1. When preparing for a feedback conversation, tune into your skill of empathy.
2. Set the stage for the feedback conversation so your student is mentally prepared for it. Must be timely.
3. State the behavior, observation, or situation objectively. Be specific and factual.
4. Communicate the significance of the situation.
5. Dialogue about possible solutions to the situation.

**GIVING FEEDBACK CONT.**

6. Express sincere interest in your student’s development and confidence in their abilities
7. Approach the feedback conversation as one of continuing learning. Be supportive. Body language is important.
8. Listen to your student. Avoid creating defensiveness. Don’t give feedback when upset.
10. Thank the student for being open to feedback.

**FEEDBACK SANDWICH**

- In a sandwich, there are two pieces but something has got to go inside!
- In a feedback sandwich:
  - you give a piece of positive feedback
  - add the sandwich filling...the thing that the student could improve
  - Add another piece of positive feedback
FEEDBACK SANDWICH EXAMPLE
- "I noticed in this session, you did a good job engaging the patient to participate – that was great."
- "I also noticed that the patient quickly became frustrated with the activity. Why do you think happened? What could you do differently next time?"
- "I appreciated the way you thanked the patient and his family for coming to the appointment. That’s a good way to end every session."

CONFLICT RESOLUTION, PRECEPTOR & INTERN
- Our assumptions:
  - Students want to learn
  - Students have basic knowledge
  - The student will thrive and be awesome!
- But what if that’s not the case???

DOCUMENT THE CONFLICT PROCESS
- Review awareness and reflection of assumptions
  - Document
- Create a team
  - Manager
  - Student coordinator in the OT Department
  - Preceptor
  - Student
  - Academic fieldwork coordinator
  - Document
- Create a safe learning environment
  - Document
- The Preceptor has a team... he/she is not alone!
RESOLVING CONFLICTS

- The student may have conflicts with the supervisor and/or other students and staff members. If conflicts are not resolved the fieldwork will not be successful.

  - Step One – Identify the issue
  - Step Two – Discuss the conflict while maintaining a safe and respectful environment
  - Step Three – Re-establish the relationship

MENTORING THE EXPERIENCED THERAPIST

2+ YEARS OF EXPERIENCE.

Mentor

- Know your own strengths and weaknesses
- Seek guidance as needed
- Be willing to set aside the appropriate time
- Work with management to establish criteria for the time commitment and process
- Learn how to communicate and provide effective feedback for the specific mentee.
- Review goals and personal learning style for mentee.
- Overcome challenges of mentoring a peer
- Follow the steps to mentoring
- Re-assess progress and adjust time/goals as needed
- Communicate successes to management

Mentee

- Self assessment
- Identify goals. ie: become a certified hand therapist.
- Be willing to commit the appropriate amount of time despite busy schedules.
- Be willing to pursue related education outside of the work environment.
- Identify learning style
- Advocate for personal goals
- Obtain approval from management
- Coordinate with designated mentor to establish schedule
- Willingly accept constructive input
- Re-assess progress and work with mentor to adjust schedule/goals as needed
KEYS TO MENTORING SUCCESS FOR EXPERIENCED THERAPIST

- Practical experience
- Asking appropriate questions.
- Providing guidance and not just giving answers.
- Checking in with mentee frequently.
- Provide information several different ways.
- Check for understanding.

CHALLENGES TO MENTORING THE EXPERIENCED THERAPIST

- Organization
  - Mentor may spend time with a person and then they leave the organizations or accept a new position within the organization.
  - Without specific criteria, mentoring may be seen as favoritism within the OT department.
  - Management may not see the ultimate benefit and may view only the cost of time and productivity demands.

EXPERIENCED THERAPIST, CHALLENGES

Mentor

- Mentor may have difficulty giving feedback to a peer.
- Mentor may work in several locations.
- Mentor may be very busy with treatment and other obligations.
- Mentor may need to seek support from management.
- Mentor/mentee may have difficulty communicating.
EXPERIENCED THERAPIST, CHALLENGES

- May have unrealistic goals.
- May have difficulty juggling commitments.
- May not be fully committed to the process if it will take a long time.
- May be unwilling to change old patterns.

MENTEE

DEVELOPING LEADERSHIP OR EXPERTISE THROUGH A MENTORING PROGRAM

• Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence.

- Harvard Business School, Dean Nitin Nohria and Associate Dean Youngme Moon defined leadership as: (Sandberg 2013, p 157)

EXAMPLES OF LEADERSHIP TRAINING AND MENTORING

- Experienced therapist doing a presentation
- Experienced therapist being a “buddy” for a newly hired therapist
- Developing a program such as “Feeding Group”
- Developing a form/document to help with treatment or evaluations.
- Taking on a role in the local OT association.
**Program Example: Mentoring for Feeding**
- Choose staff with appropriate skills
- Establish required criteria
- Choose mentors
- Choose Mentees
- Informal or formal program?
- Set goals
- Establish frequency of mentoring for formal program
- Review Progress

**Feeding Success**

**Program Example: Mentoring in the NICU**
- Choose mentor or mentors
- Establish checklist of required skills and way to measure these skills.
- Choose mentee.
- Agree on goals and timeline with mentee
**NICU Mentoring**

- Orient mentee to the NICU and to staff
- Mentee observes treatment
- Mentee does part of treatment
- Mentee completes treatment with mentor observing
- Mentor assigns readings
- Mentor supervises documentation

**NICU Mentoring**

- Mentor and mentee review skills checklist
- Mentor determines when the mentee can provide treatment independently.
- Mentor & mentee decide upon frequency of follow up.
- Both review mentee goals and establish continued frequency.

**Mentoring Example**

**Pediatric Hand Therapy Specialist**

Pediatric Hand Therapy at Rady Children's Hospital-San Diego
- Highly specialized and comprehensive practice
- Requires a skilled therapist with:
  - Knowledge of anatomy of hand and arm
  - Understanding of common pediatric UE conditions and their surgical and non-surgical management
  - Skills to use appropriate evaluation tools for pediatric UE patients
  - Ease in selecting appropriate therapeutic intervention and protocols for ped. UE patients
  - Ability to fabricate and fit splints onto patients from infants to teens
  - Ability to make therapy and home program "fun" to gain compliance
Mentoring Example

Pediatric Hand Therapy Specialist

• Established need
  – Need to expand hand therapy program
  – Only one CHT on staff at several sites
  – Convince management that we need a
    mentorship program

• Established relationship
  – Find person on staff with interest
  – Find time for schedules to align

Mentoring Example

Pediatric Hand Therapy Specialist

• Completed timeline
  – First 3 months
    – Anatomy review
    – Learn basic assessments
    – Observe treatment with mentor
  – 3-6 months
    – Learn specific diagnoses
    – Begin co-treatment
    – Learn PA interventions
  – 6-12 months
    – Begin supervised patient treatment
  – 12-14 months
    – Expand skills
    – Supervised evaluations and splitting
  – 24-48 months
    – Independent evaluations and treatment with
      consultation as needed
    – Obtain Certification in Advanced Practice for
      Mobilizations and Hand Therapy
  – 48-60 months
    – Study and take CHT exam

QUESTIONS & SHARING EXPERIENCES

• Example of a mentoring program in an adult facility.

• Example of a successful student intern mentoring relationship.

• Example of a distance mentoring program.

• Leadership mentoring
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