

## MENTORING FOR RESIDENCY PROGRAMS

### PROVIDING A FRAMEWORK FOR SUCCESS

MARY FERRARO, PHD, OTR/L  
KIMBERLY MICZAK, PT, NCS  
JOHN MORRIS, PT, OCS  
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### OBJECTIVES

- By the end of this workshop, the participants will be able to:
  1. Identify mentoring behaviors that will cultivate a learning environment.
  2. Utilize common language to describe a resident's current performance level.
  3. Integrate techniques to facilitate learning and advancement of residents from current skill level.

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### DEFINING MENTORING

- There are numerous definitions for mentoring, but there is no definitive consensus.<sup>1</sup>
- Research highlights that mentorship is a key component of professional development in any profession.
- Should not be confused with supervising, advising, career counseling, shadowing, or coaching.<sup>2</sup>
  - Though there may be components of these in a mentoring relationship
- Features workplace learning and must occur within that environment (institutional proximity and primarily direct, face-to-face\* contact).<sup>2,3</sup>

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### SO.....WHAT IS MENTORING??

- Mentoring can be concluded if particular elements to the relationship exist:
  - 1. Focus on acquisition of knowledge
  - 2. Has 3 components: emotional/psychological support; assistance with career/professional development; role modeling
  - 3. Reciprocal relationship (both persons derive benefit)
  - 4. Personal in nature (direct interaction)
  - 5. Emphasizes the mentor's greater experience

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### Mentoring vs. Clinical Instruction

#### Student- Clinical Instruction

- Focus on generalist skills
- Fundamental exam & patient management
- Safe care
- Rule driven
- Emphasis on psychomotor skills

#### Resident- Mentoring

- Colleague, facilitator of learning
- Build critical thinking abilities in specialty area
- Patient care tailored to meet specific patient values
- Integrates evidence with values/emotions
- Uses self reflection for growth/development

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### RESIDENCY MENTORING

- PT: Mandated requirements
  - 3 years experience OR residency graduate OR board certified
  - Number of hours of mentoring
    - 150 hours total, at least 100 hours with resident as primary therapist
- OT mentor's expertise must be consistent with the program's area of focus and can include:
  - Observation and feedback sessions with therapist OR mentor as the primary provider
  - Review of skilled OT assessment and intervention treatment plans when the resident is the primary provided (w/ or w/o client present)
  - Establishing and reviewing intervention outcomes with mentor and resident
  - development of competencies in interprofessional collaborative practice, advocacy and leadership
  - A total of 340 mentored hours is required

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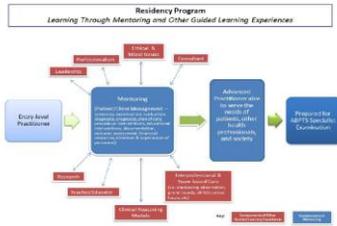
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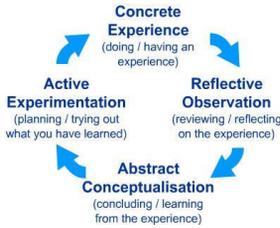
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**KOLB'S CYCLE OF LEARNING & SCIENTIFIC INQUIRY**




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**QUALITIES OF MENTORS**

- Content Knowledge:**
  - Instruct and evaluate the resident/fellow's skills within their area of practice expertise.
- Learner Centeredness:**
  - Demonstrate a commitment both to the resident's success and well-being as well as assist the resident progress in his/her professional role.
- Interpersonal & Communication skills:**
  - Tailor his/her teaching and communication to the preferred learning style of the resident in order to facilitate learning.
- Professional Integrity:**
  - Demonstrate best practices and role model these behaviors for the resident.
- Practice based self- reflection in- and on-action:**
  - Demonstrate continuous self-reflection and lifelong learning to improve his/her effectiveness as a teacher.
- Systems-based learning:**
  - Utilize resources to provide an optimal teaching/learning environment.

ABPDEE mentoring manual

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### Culture of Mentoring



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### Safe Zone

- Trust
- Expression
- Risks
- Relationship building



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### Behavioral Modeling

- Self awareness
- Self management
- Empathy



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## Communication

### Closed

- One person
- Directive
- Fact

### Open

- Equal
- Expressive
- Development
- Fact finding
- Sounding board

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## Non-Verbal Communication



<https://allyksp123.wordpress.com/2010/01/29/body-language-and-nonverbal-communication/>

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## Verbal and Non-Verbal Communication

- Inconsistencies
- Assumptions
- Mixed messages




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### Effective Mentor Communication

- Prompting
- Available
- Listening
- Assertive

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### Prompting



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### Types of Prompting

- Independent
- Gestural
- Verbal
- Physical
- Hand over hand

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Listening

*"Listening for potential means listening to people as if they have all the tools they need to be successful, and could simply benefit from exploring their thoughts and ideas out loud." David Rock*

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Listening

- Acknowledging
- Attending
- Reflecting
- Probing
- Summarizing

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Communication Styles

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Passivity</li><li>▪ Not expressing thoughts</li><li>▪ Defensiveness</li><li>▪ Taking things personally</li><li>▪ Anxiety</li><li>▪ Indecisive</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Aggressiveness</li><li>▪ Leadership position</li><li>▪ Past successes</li><li>▪ Creates passivity</li></ul> |
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### Assertiveness

- Constructive
- State facts
- Positive nonverbal communication
- Use "and" rather than "but"
- State facts
- Calmness

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### Mentoring Behavior Activity



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"I'd like to mentor you. We can start by you getting me some coffee."

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### Addressing Difficult Situations

- Communication
- Remediation process
- Grievance process

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## ASSESSMENT & GROWTH



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## LEVELS OF COMPETENCE

- A continuum to characterize/categorize how an individual is performing in a situation/environment
- Novice→ Master
- Recognize that individuals fluctuate levels throughout the learning cycle
  - Prior knowledge/skills
  - Assimilation of didactic content
  - Confidence in front of mentors
  - Exposure to patient problems
  - Complexity of patient

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## LEVELS OF COMPETENCE



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Level of skill	Behaviors	Questions
<b>Novice</b>	Driven by rules/absolutes; uses hypothetico-deductive reasoning; challenged by synthesis; "Big picture" difficult to grasp	
<b>Advanced Beginner</b>	Determines relevance of information; starts to draw upon past experience; starts to generalize	
<b>Competent</b>	Pattern recognition; complex scenarios require analytical decision-making process; beginning to grasp the big picture; confident with increased responsibility	
<b>Proficient</b>	Clinical decision making more intuitive, based on previous experiences; Uses analytic approach for tough cases; Difficulty with pts that present outside of the typical dx picture; Increasing comfort with uncertainty	
<b>Expert</b>	Open to notice unexpected; integrates thoughts, feelings, actions; discriminates features of a case that do not fit in to "typical"	
<b>Master</b>	Consistently sees big picture of culture & context in every case; deep level of commitment to work and life-long learning. Reflects in, on, and for action	

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### IDENTIFYING LEVELS OF SKILL

- Learner should actively take part in identifying areas of strength/weakness
- Can use self-reflection prompts to encourage honest & accurate self-assessment
- 2 frameworks to help identify learner's level
  - Bloom
  - Schon

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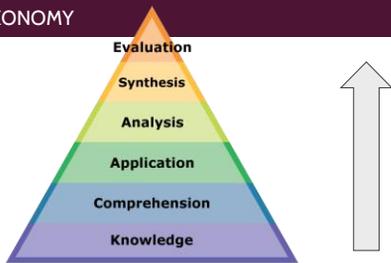
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### BLOOM'S TAXONOMY




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### Action at different levels of Bloom's Hierarchy:

LEVEL I: Knowledge/Comprehension	Level II: Analysis/Application	Level III: Synthesis/Evaluation
Recalls or recognized information, ideas and principles	Applies concepts and principles learned into novel situation in practice	Proposes an implementation plan to use suggestion made in small group discussion
Interprets information based on prior learning	Differentiates and classifies the information or relationship	Makes judgements about the value of ideas or materials based on standards

- The resident:
- did not assess patient as thoroughly as might be necessary to identify the degree of cognitive deficit
  - plans to use a battery of five pain provocation tests to assess a patient with SIJ complaints
  - correctly states the 28 dermatomal areas necessary for an ASIA exam
- At what LEVEL would you consider these specific examples of clinician behavior?

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### SCHON

- Reflection **On** Action — After the fact: What went well? What did not work?
- Reflection **In** Action — During the situation: Are you getting the results you want? What can you do right now to improve your results?
- Reflection **For** Action — How might you do it differently next time? What are your next steps?

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### SCHON – clinician examples\*

- Reflection **On** Action — After the fact: What went well? What did not work?  
*"And then asking, 'did this work? Did this not work? What should I try next time?'"*
- Reflection **In** Action — During the situation: Are you getting the results you want? What can you do right now to improve your results?  
*"Even when I do it, I'm thinking, 'what am I doing?'"*
- Reflection **For** Action — How might you do it differently next time? What are your next steps?  
*"A Fay Hoark course...and it was just one of those mind-bending experiences...I had a bunch of patients...I went on Friday and came back on Monday and treated them totally differently."*

(\*Wainwright et al., 2010, p.80)

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### MEETING THE LEARNER AT HIS/HER LEVEL

- Important to assess learner so you can meet them at his/her level
  - Cannot assume lower level skills are adequate, need to determine this
    - Can be done thru self-assessment, discussions, questioning
  - Ongoing assessments are needed for different patients, different situations

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### ADVANCING THE LEARNER: Scaffolding

- Once you are clear what level the learner is on, need to advance to the next level
- Use structured, sequential process that allows learner to achieve a higher level of thinking that he/she would not be able to achieve without support
- Mentors encourage self reflection
  - Via questioning, discussion, written reflections
- Mentors provide meaningful experiences that allow development of skills
  - Patient exposure to develop patterns
  - Discussion that link curricular content to patient care

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### ACTIVITY

- Worksheet
- In groups of 3-4, read the five quotations from the clinician and identify their current level of skill.
  - Why did you chose that level?

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**ACTIVITY continued**

If each of the five quotations was modified slightly...  
would your classification of the clinician's level of competence change?  
Why/why not?

#1. "I do think there's a point where patients do plateau and unfortunately not everybody is there with cognitive insight into what's what. At that point, I start to consider the lifelong ramifications of their disability and help them problem solve."

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**ACTIVITY continued**

If each of the five quotations was modified slightly...  
would your classification of the clinician's level of competence change?  
Why/why not?

#2. "Ambulation for her, as you saw, is not functional. So I rarely practice ambulation because it will never be functional."

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**ACTIVITY continued**

If each of the five quotations was modified slightly...  
would your classification of the clinician's level of competence change?  
Why/why not?

#3. "I see this little child and his movement patterns and his difficulties. He's made small gains in therapy and I think we're ready for discharge now."

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**ACTIVITY continued**

If each of the five quotations was modified slightly...  
would your classification of the clinician's level of competence change?  
Why/why not?

#4. "I'd use the information from the patient's evaluation, go with the impairments that I found. My treatment plan is quite similar to the patient with a left sided hemiparesis that I treated last month."

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**ACTIVITY continued**

If each of the five quotations was modified slightly...  
would your classification of the clinician's level of competence change?  
Why/why not?

#5. "I want her to have some active range of motion at the hip. It's a goal of the patient to walk with the cane. Even if it's active assisted, I'll have her try, because it's such a meaningful goal for her."

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Level of skill	Behaviors	Questions
<b>Novice</b>	Driven by rules/absolutes; uses hypothetico-deductive reasoning; "Big picture" difficult to grasp	What does this test result mean? What information is most meaningful? Have you had a patient with similar dx/presentation?
<b>Advanced Beginner</b>	Determines relevance of information; starts to draw upon past experience; starts to generalize	What influence does the presence of co-morbidity x have on your findings? What is different about this than you've seen before?
<b>Competent</b>	Pattern recognition; complex scenarios require analytical decision-making process; grasps the big picture	How do the exam findings correlate with your observation? What assumptions are you making? What else do you want to know?
<b>Proficient</b>	Clinical decision making more intuitive, based on previous experiences; difficulty with pts that present outside of the typical dx picture; tolerates ambiguous & evolving clinical situations	What does your gut tell you about this? How do you anticipate this to change?
<b>Expert</b>	Notice unexpected; integrates thoughts, feelings, actions; discriminates features of a case that do not fit in to "typical"	How will these deficits impact patient long-term? What is most meaningful to the patient?
<b>Master</b>	Consistently sees big picture of culture & context in every case; deep level of commitment to work and life-long learning. Reflects in, on, and for action	

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### Activity

- What would your response to the individual to move them up the continuum towards mastery?

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