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Mentoring Student Clinicians: Learning From Who We Are

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Abstract:

Developing student clinicians in professional fields often focus on externals, such as processing incoming information and mastering technical skills. Informal and formal faculty mentoring can help student clinicians to integrate these external skills into their self-concept as clinicians. The authors describe the development of mentors as well as make recommendations for how the mentoring process should operate.

Article:

With every passing moment, we are someone we were not the moment before. When searching for a location in a nearby shopping mall, we consult one of the maps placed in convenient locations. The first thing we must do is find the arrow labeled "You are here." We must know where we are at the beginning of the journey in order to choose a direction. Sometimes we are temporarily detained or even diverted to another destination, and then we must reconsider our developing situation and our options. For a developing professional, the learning process operates in much the same fashion. It is not enough for students to learn protocols and facts; it is essential that they integrate what they learn into a professional persona. Having one or more mentoring relationships with faculty can offer students the opportunity to reflect and develop a deeper understanding of the clinicians they are becoming.

The clinical area in which I teach is a graduate program in audiology that is accompanied by an undergraduate pre-professional program. Students in the program range in age from 20 to over 40 and are predominantly female, as is the faculty. Educators in the clinical professions often wear many hats: classroom professor, clinical supervisor, academic advisor, research advisor, and assistantship supervisor. In each of these relationships between students and faculty members, there is an opportunity for mentoring in addition to teaching. Nolinske (1995) refers to this as multiple mentoring. In a multiple mentoring model, each of these relationships involves specific aspects of professional development. Professors in the clinical fields may have multiple mentoring roles that differ for different students. Classroom instruction, for example, lends itself to group mentoring methods, such as brainstorming the analysis of a case study. As a clinical supervisor, the professor will have regular one-on-one contact with several students around a specific focus. More involved relationships are likely to develop between a professor and a graduate assistant or research assistant.

In what way is the mentoring role different from that of teacher or clinical supervisor? The major difference is in mentoring's focus on the development of the student's professional self-identity

rather than on the development of his or her knowledge and skills. A mentor guides the student to find the clinician (audiologist, speech-language pathologist, occupational therapist, or the like) inside himself or herself and to be intentional about how this professional is developing. A second important difference is that a mentoring relationship is less directive and hierarchical than that between a supervisor or teacher and a student (Malderez & Bodoczky, 1999).

As Palmer (1999) has noted, college students naturally are focused on who they are. They are in the process of defining or redefining themselves, particularly in terms of their relationships with others. For younger students, this may be a redefinition of their relationships with parents and significant others. Although older students tend to have a more firmly established sense of identity, they are often in the process of redefining themselves through a new career.

Thus, it is a natural extension of the learning process for the mentor to ask a student the following questions:

- Who are you?
- Who are you in relation to this line of study?
- Who are you in relation to the material we are discussing
- today?
- Who are you now that you've mastered this topic, skill,
- or concept?
- Who are you in relation to your fellow students?

For student clinicians, mentors can go further and inquire as follows:

- Who are you in relation to this patient?
- Who are you in relation to the diagnostic process?
- Who are you in relation to the therapeutic process?
- Who are you in relation to other professionals?
- Who are you in relation to your daily co-workers?
- Who are you in relation to your supervisor?
- Who are you in relation to this profession?

What does it mean to the learning process to begin with who we are? What kind of learning is involved? What is the role of the mentor, and what is the role of the student?

Learning From the Inside Out

Students tend to be focused on all of the information that is coming from outside of themselves. This focus on a superficial level of knowledge often results in a student's being technically proficient with individual parts of a clinical protocol but unable to grasp the overall procedure. In order for a student to focus on the larger picture, the clinical knowledge and skills need to become part of who he or she is. A certain amount of this type of integration takes place during clinical training through repeating protocols over and over. While there may be opportunity during a clinical situation for a supervisor to lead the student through these integrative moments of insight, typically during direct patient contact time it is not possible. This means that time for direct mentoring must be planned intentionally into the student's program. In order to extend the

student's learning beyond a particular clinical experience, it is necessary to set aside more time than is available even at the end of a clinical day.

"Learning from the inside out" refers to time spent in reflection. What do I already know about this experience? How does it relate to a previous experience or to what I learned in class last week? Why did I react in that way to an unexpected turn of events during a diagnostic evaluation? Only the student can look inside himself or herself and work from this unique perspective (Boreen, Johnson, Niday, & Potts, 2000). An effective mentor encourages asking the necessary questions for self-discovery and self-development, placing the responsibility for learning squarely on the student. Developing the ability to direct one's own learning is an essential foundation for entering a profession in which the skills required for competence change constantly (Spencer, 1999).

Learning from the inside out requires active participation in the learning process rather than reactive or passive learning. While these internal aspects of the developing clinician are not directly accessible to the mentor, they are also sometimes not at the level of conscious awareness in the student. But when both student and mentor see the process of education as one of co-creation, they are equally vested in the process as well as the outcome. The student who is an active participant in learning is a committed student who will become a committed professional.

One way a mentor can facilitate a student's personal growth as a professional is to reflect back to him or her what we see or hear. Such mirroring might reflect the joys of discovery and accomplishment. It also might allow the student to recognize areas of his or her training that need further study, refinement, or polishing. Mentors see their students in ways they have not been seen before (Malderez & Bodoczky, 1999). The mentor must be willing to challenge the student to grow into his or her professional personae. Although we can hold up the mirror, it is the student who needs to see what is being reflected.

When mentors direct students to bring their personal knowledge and experience to bear on the current learning situation, students have the opportunity to go beyond the static surface learning they are required to reproduce on written exams to deeper learning. Deep learning is dynamic and interactive and results in depth of understanding at a personal level. How does the student relate this knowledge to what he or she already knows? How will he or she apply this knowledge in personal practice? Deep learning is, therefore, different for each person (Spencer, 1999). Each student clinician will have different clinical experiences in which to synthesize and apply previously gained knowledge with new knowledge. Daily clinical experiences will provide real-life opportunities to do problem-based analyses of clinical situations and to synthesize clinical test results. These experiences will modify previously held internal schemas with additional knowledge and understanding.

Much of clinical learning takes place in context during students' practicum experiences. The mentor-student relationship recognizes that learning in context includes the student's personal context as well as the context of a given patient and situation (Patel, 2003). Each budding clinician is in the process of building a professional persona from a unique background of experience and knowledge. A mentor/ student relationship provides the opportunity for the student to be known as a whole person.

Preparing the Mentor

Being a mentor is an act of dedication, both to the student and to the process. It is also an act of dedication to self-awareness and self-knowledge. A good place to begin preparing for mentoring is by examining one's motivations to mentor. Why someone chooses to mentor will influence his or her mentoring behaviors and attitudes. It also will affect his or her ability to continue in this caring relationship over time. The mentor who understands why he or she is mentoring will be more committed to the process (Zachary, 2000). Mentoring a graduate student offers many rewards, among them facilitating the learning of necessary information and skills for both mentor and mentee, promoting the well-being and professionalism of the student, increasing productivity, seeing oneself reflected in the other, and repaying the professional world for the mentoring one has received.

Time Commitment for Mentoring

A mentor must understand that mentoring involves a time commitment, not only for meeting with the student but also for self-reflection. Clinical supervisors are aware of the benefits of meeting with the student after a clinical session to discuss and process what has happened. Time for this process must be scheduled into the clinical day in order for the most effective learning to occur. In the same manner, setting aside time to sit and discuss the intellectual learning process is essential, with enough time allotted to allow the student to make connections between concepts learned in class and actual clinical practice. As a mentor, it is important also to make time to discuss personal growth issues, such as how the student manages family and community obligations along with those of the graduate program.

Another aspect of the time commitment needed for mentoring is personal time. It is important for the mentor to make time in a crowded schedule to retreat from it all, on a daily basis if possible. Although pausing during our daily routine is an important component of reflection, manual activities like walking and gardening are also excellent ways to ruminate. Everyone needs a sanctuary from the roles we make for ourselves. Extended time away allows us simply to be, or to grow in ways that are not defined by daily roles. Taking time to slow down and reflect has the added advantage of reminding us that the world will go on in our absence.

There is a self-confidence that comes from taking time to become centered within oneself. When our decisions come from within, we are more inclined to support them. Attachment to success shifts our focus and increases stress, which, paradoxically, tends to hinder achievement (Huang & Lynch, 1995). It is important to have patience with the process instead of being consumed by results. By demonstrating this to students, we show them that success or failure is not a measure of self-worth.

Personal Preparation for Mentoring

Zachary (2000) suggests that the prospective mentor inventory his or her requisite skills, which include brokering relationships, building and sustaining relationships, coaching, communicating, encouraging, facilitating, goal setting, managing conflict, problem solving, providing and receiving feedback, and reflecting. It is important for the mentor to clear away any personal baggage as well. Any area of discomfort can be addressed formally, informally, or through a mentoring process for the mentor. Having one's own mentor will provide awareness of "corners

of neglect" in our personal or professional lives. The mentor also needs someone to whom we can express our concerns and successes. This person needs to be unafraid to tell the truth out of genuine caring for our well being, someone who will be openly delighted at our progress. As in all mentoring relationships, there must be complete safety—a prerequisite for any learning.

Personal journaling is an excellent aid to self-awareness (Boreen et al., 2000). It is often surprising to discover what we really think or believe when asked to write it down or say it out loud (Palmer, 1999). In journaling it is important to write candidly. One might use a loose-leaf notebook in order to add outside material such as poems, articles, or pictures. It is also a good idea periodically to go back and read previous entries. Many people journal using a word processor, making it easy to insert items and images they find inspiring. To others, the act of writing by hand slows them down, making it easier to be reflective.

A mentor begins the process of mentoring by creating a supportive, inviting environment, both for learning and for talking. There is always an unwritten curriculum, and one must step back to consider open-mindedly what that unwritten curriculum might be. What am I teaching that I am not aware of? The first observations must be of the physical environment. The clinical environment must be clean and orderly at all times. Not only is this necessary to meet requirements for infection control, but it shows respect for the space and the materials with which we work and provides for efficiency of movement and process that allows us to focus our attention on our patients. Having to search for a needed tool is a mental as well as a physical distraction. The mentor who demonstrates cleaning up after a session models respect for the colleague who will use the space next.

Preparing the space to meet with the student mentee is a show of hospitality. Receiving a guest in our office or home forces us to tidy up, to return books to the shelves, and to remove the clutter in order to create an inviting space that is free from distractions. In the same way, the mentor must clear mental space to be truly with the student during a session. Freeing the environment from distractions is symbolic; all attention should be given to the person with whom one is meeting. The mentor must consciously refrain from appearing hurried and distracted. Taking a few moments of transition time beforehand is ideal.

A prospective mentor must practice paying attention—to the inner guide, to subtle details that are openings to action or understanding, to the words and nonverbal language of others. A good way to practice attentive listening is to refrain from responding to another's story except with encouraging nods or words, or to respond only by asking questions without offering our own opinions or experiences. It is difficult to pay attention to what is being said when planning our next comment. It can be helpful to paraphrase what has been said, both to be certain of understanding on the listener's part and to provoke clarity on the part of the speaker.

The student before us is on a journey that is both exciting and exhausting. As Guenther (1992) says, we are always on the way, when we long to be home. Students long to be past the "on the way" part of their lives so they can be "at home" in their new professional lives. Graduate study is stressful. Younger students may miss the support of their families. Older students may find it difficult to balance the demands of family and home with school. Although a mentoring

supervisor or professor cannot take the place of family and home, it is appropriate to offer a warm and welcoming office and a sincere concern for the student's well being.

Setting Up the Formal Learner-Mentor Relationship

Getting to Know Each Other

The initial questions to ask the student are those that help articulate how he or she is connected to the program, to the subject matter, and to the patient. Sessions should be built around asking questions rather than giving advice. While talking about himself or herself, the student is learning more about who he or she is. Understanding what experiences the student brings to the mentoring relationship allows the mentor to focus on what the learning needs are—preferably as the student defines them.

Avoiding Ego Confrontations

Mentor and mentee need to agree from the start to check their egos at the door. Huang and Lynch (1995) stress the need for an egoless relationship. Egos can hinder learning in many ways. They prevent us from admitting a lack of knowledge or understanding, which is a clear prerequisite for learning. They keep us from admitting mistakes and finding solutions. Egos cause us to cling to old ways of thinking in order to avoid admitting past errors. All of us need to recognize that there are more trustworthy guides to growth than our own egos.

Setting Limits

The student also needs to understand the limits of the mentoring relationship. The mentor should be honest about time constraints, the need to have time for family or outside community activities, and other commitments of energy and resources. A regularly scheduled meeting time rather than an open-door policy will model the need for self-care that the student also needs to develop. Except in unusual circumstances, time constraints should be set up and observed, for the quality of the time is more important than the quantity. An open-door policy is fun and exciting for students, but it can leave the mentor with too little time to accomplish necessary tasks. The resulting stress will sabotage our own lives as well as our relationship with our students. In addition, students appreciate having a special time that is theirs alone.

Creating a Safe Space

The safety of the meeting space is crucial. The student must feel safe from criticism or exposure for clinical failures or for allowing outside problems to interfere with school. Student confidentiality is as important to our professional ethics as patient confidentiality. The mentor needs to make this clear at the first individual meeting with the student. There are, of course, topics that the mentor is obliged to respond to, including sexual harassment, discrimination, cheating, suicidal tendencies, and violence. The mentor must explain to the student that some things demand action or referral from an ethical and safety standpoint. Although the mentor may maintain records of advisement regarding class schedules and course materials, no written records of mentoring sessions should be kept. This allows trust to build over time.

The Formal Mentoring Program: Process

When asked why he or she is in graduate school, a student may offer a variety of reasons, such as the need for a career providing support, a desire to study in the specific clinical field, and a desire

to help others through the skills to be acquired. In some sense these three responses mark a progression in the development of a professional persona. If we can ask the right questions, we will lead the student to shift the focus from personal needs to the patient and the patient's needs. Everything the student learns contributes toward his or her ability to attend to the needs of the patient. A good mentor helps the student recognize and set realistic goals toward this end.

Beginning in Silence

Because it is likely that the mentor and student will arrive at a scheduled meeting still preoccupied by the last activity in which each was engaged as well as any nagging worries on other fronts, it is recommended that the session begin with a brief period of silence. This is the time to let go and refocus on being present for each other for the work at hand. It is helpful to follow the silence with an update on what progress has been made since the last session. Working from the student's personal experience is a goldmine for self-discovery. If the student is keeping a journal, he or she may want to share an entry or two. The mentor may want to ask if the student has experienced any daily difficulties or annoyances and what he or she has learned from them. The goal is to involve the student in recognizing personal learning patterns and methods and to define objectives in order to plan next steps in the learning process.

Mapping Out the "Lifespace"

It may be helpful for the student to map out all of the forces that are having an impact on his or her life right now (Zachary, 2000). Each of these forces should be described, both in terms of direct and indirect impact on school work. The matrix of force field analysis, developed by Lewin, [Cite?] can be applied here. Lewin theorized that individual behavior depends upon perceptions of self and the environment and that change requires taking all aspects of a situation, or "lifespace," into account. For example, a student might list all of the forces in his or her life that promote success at school in one column and all forces impeding success in another. Each item would receive a rating from 1 (weak) to 5 (strong). The student then could determine whether it is possible to strengthen the positive forces or weaken the negative ones (Gentry, 1994).

A useful exercise is to write out the student's weekly schedule and, where there are blank spaces, to ask the student how he or she intends to fill them. While there is no specific correct answer to this question, it suggests to the student that some thought ought to be given to planning free time rather than allowing the winds of circumstance to fill it. Suggesting that the student make out a schedule for the entire semester is also a good idea. This will make him or her aware of any assignments or exams that may be occurring in close proximity.

Monitoring Physical Well Being

It is also important that the student maintain good health. The mentor should ask about his or her nutrition, sleep, and exercise. We must tread lightly here, however; younger students having only recently escaped parental rule may not take kindly to being told to get regular sleep. Yet sometimes hearing good advice about these issues in relation to academic or clinical performance may be just what is needed. If a trusting relationship has been established, then it is more likely the advice will be received in the caring manner in which it is intended.

Encouraging Problem-Solving Skills

It is important not to short-circuit the learning process by providing pat answers to the student's questions or problems. An answer that is right for the mentor may not be right for this student at the time. Giving feedback in the form of setting up dichotomies or asking for hypotheses leads to constructive discussion. Thus, the mentor should encourage the student to find his or her own solutions to problems. Students build confidence by working things out on their own. It will be assumed by future employers that a clinician possesses the appropriate background knowledge and clinical skills; what will be valued is the ability to problem solve when confronted with ambiguity, conflicting information, or technical difficulties.

Facilitating Engagement With Others

Connecting with others is key to understanding the self and to further learning. The mentor can facilitate a student's engagement with others, beginning with encouraging connections with other students. It is through struggling and learning together that we form bonds. These relationships will prepare the student clinician for cooperative working relationships after graduation. The mentor also can facilitate the student's connections with others who can provide resources and experiences to further his or her professional development.

Making the Relationship Reciprocal

It is important to remember that all relationships—those with colleagues, patients, and a mentor—are reciprocal. The mentor receives as much from the relationship as the mentee. Much is gained from a student's willingness to be present, to bring his or her life to us, to seek guidance for answers to questions. Thus, the mentor needs, first, to thank the student for spending time with him or her. It is also a good practice for mentors to be consciously aware of ongoing changes in themselves during the mentoring process, perhaps by keeping a journal. It is often helpful for the mentor and student to answer the same questions: How did this situation help me grow? What kinds of answers might a student (mentor) record if asked what they receive from their patients (mentees) in addition to what they give to them? The answer might be shared with the student to plant the idea that a future role as a mentor would be a worthwhile undertaking.

Providing Closure

Closure of the mentoring relationship can include an evaluation of the process, an acknowledgment of the work and commitment involved, and a celebration of many things, such as graduation, finding the first job, and the sense of accomplishment and success in completing a graduate degree.

Informal Mentoring Outside of the Formal Mentoring Relationship

Clinical educators often find themselves in situations that are ripe for "mentoring moments." Modeling clinical behaviors and skills is a proven teaching tool, but we should be aware that we also model attitudes in the way we teach, present case studies, and treat our students. The mentor who tells stories about his or her own clinical experiences not only relates clinical information but also opens the door to personal feelings about patients and clinical practice. This is an important way to demonstrate a respectful and caring attitude toward those we serve. One such story the author has used involved a patient with only one good ear who came in wanting the best (and most expensive) technology available. It became clear, however, that what he really needed

was a hearing aid that could route signals from his bad ear to his good ear, something that, at the time, was available only in a lower technology hearing aid. Sometimes, thus, the latest technology is not what the patient needs. Other stories can be used to illustrate how our clinical services impact the patient, like the gentleman with new hearing aids who remarked that he hadn't heard a slip rustle in a long time.

In a culture that idolizes success, it is important for students to learn the value of mistakes, even failure. Fear of making mistakes is a great barrier to learning. Thomas Edison invented hundreds of ways not to make a light bulb. Although repetition of concepts and skills is an excellent way to learn, there is no better learning experience than goofing up. Students typically are unsure of their clinical skills, which leads to fear about performing those skills. If we can help students to name their fear, we can also provide the means to conquer it. As Huang and Lynch (1995) say, "It's not the inner fears and faults that matter; it is how we live in their presence" (p. 37).

It is important for students to hear about mistakes their mentors have made and to see them making mistakes. The mentor who sets himself or herself up as "knowing it all" is not a good mentor: If you can't be wrong, you can't learn. Learning means making mistakes and correcting them. Thus, mentors must model learning behavior. When new clinical equipment comes in, the student and mentor can learn how to use it together. This sets the stage for the student clinician to see himself or herself as a lifelong learner. Because health care is a technology-intensive field, the clinician is on a lifelong learning curve.

Mistakes have the additional benefit of inducing humility, which is the freedom from having to be right all the time. Having to prove our worth is detrimental to our physical, mental, and spiritual health (Huang & Lynch, 1995). Humility is an excellent attribute in a health care professional, an attribute that allows the clinician to work with the patient in decision making rather than simply dispensing expertise. The patient whose opinions are treated with respect and made part of the rehabilitation process will be motivated to follow an agreed-upon treatment plan.

Conclusions

Mentoring is a learning relationship, not simply an opportunity to transfer knowledge from one party to another (Zachary, 2000). The mentor's goal is to take the student from initial dependence to professional independence. Teachout (2005) describes the transition from student to professional in three stages: concern with self, task-oriented concern, and concern for one's impact on the patient. As the mentor-student relationship develops, it will grow to address these three stages: directive during the concern for self stage, collaborative as the student strives to master technical expertise, and non-directive as the student shifts awareness to focus most of his or her attention on the patient. It is at this point that the graduate clinician is ready for a clinical practicum at an external site, where it is expected that he or she will possess technical proficiency and require little direction beyond orientation. On a college campus this relationship is, by definition, a short-term one with specific learning goals, although many such relationships continue past graduation.

It is important for the mentor and student to recognize that the student is not the only one who is learning from the relationship. Authentic relationships happen between partners who contribute

equally to them. As the facilitator of learning, the mentor brings a breadth of knowledge and experience to bear and helps the student to draw on and build her own knowledge and experiences. The mentoring aspect of clinical teaching allows for the individualization of certain aspects of the learning process. The one-on-one nature of the mentoring relationship means the mentor can know the student well enough to provide specific keys to doors that this student is ready to pass through at a particular time. As mentors we have walked through the door of self-knowledge and development. It is gratifying to hold it open for others to follow.

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