Lehigh Valley Health Network LVHN Scholarly Works

Department of Community Health and Health Studies

You! Being Involved in Research: Mentoring Ideas to Implement.

Linda G. Alley PhD, RN

Lehigh Valley Health Network, Linda G. Alley@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/community health and health studies

Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Published In/Presented At

Alley, L. (2010, October 4). You! Being Involved in Research: Mentoring Ideas to Implement. Presentation Presented at: Lehigh Valley Health Network, Allentown, PA.

This Presentation is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

LEHIGH VALLEY HEALTH NETWORK

You! Being Involved in Research: Mentoring Ideas to Implement

A Presentation for Research Day

Linda Alley, Ph.D., R.N.

Health Research Scientist, Community

Health & Health Studies

A PASSION FOR BETTER MEDICINE."



YOU Being Involved in Research

Mentoring Ideas to Implement

Linda Alley Ph.D., R.N.

Main thesis of my talk: A healthcare professional at any stage of his/her career can:

- Benefit from using knowledge about mentoring
- Successfully be a mentee or a mentor
- Function as both a mentor and a mentee, even at the same time, in different areas of knowledge/experience

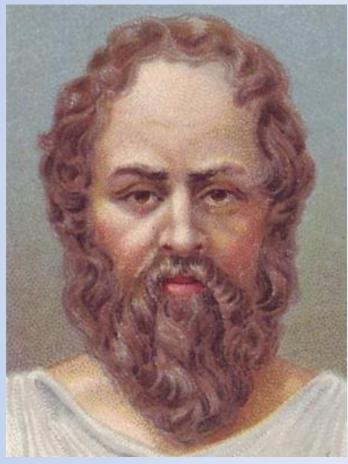
Objectives for today's talk ... To discuss:

- Ways in which mentors can "tune-up" their mentoring style to better assist mentees
- Ways in which mentees can be proactive in maximizing benefits of personal and professional relationships with mentors
- Reciprocal m-m behaviors that contribute to an effective mentoring relationship
- Beginning strategies for new researchers to learn to use, to develop skills as research study team members and leaders

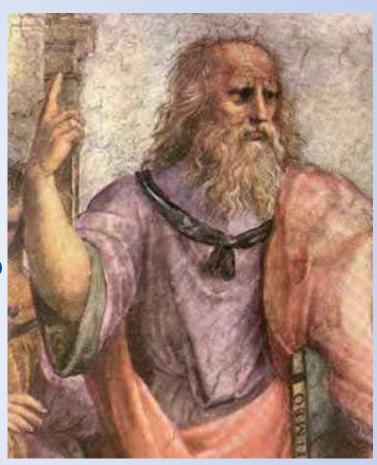
Notable mentors & mentees

Discovered from variety of sources, including people in...

- History
- Politics
- Athletics
- Entertainment World
 - -Actors
 - –Fantasy figures

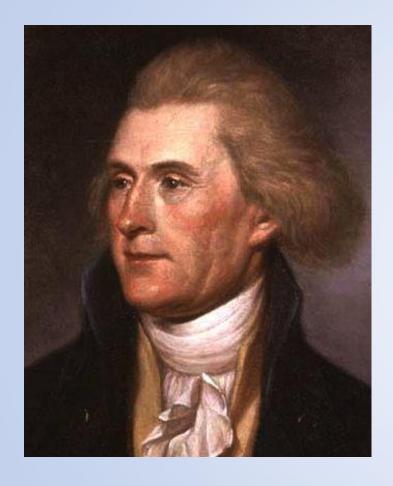


MENTOR TO

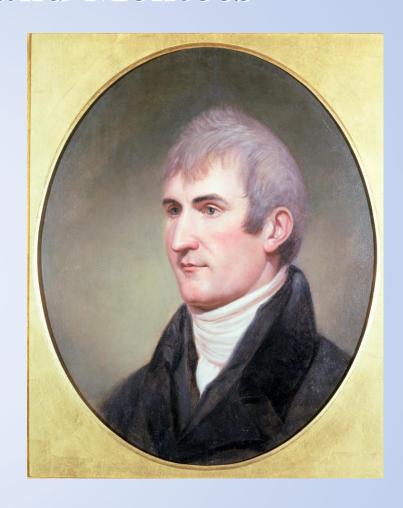


Socrates Greek Philosopher

Plato Greek Philosopher



MENTOR TO



Thomas Jefferson
3rd US President

Meriwether Lewis
Explorer



Elizabeth Cady Stanton Leader of US Suffrage Movement

MENTOR TO

Susan B. Anthony Women's Rights Activist



Michelle (Robinson) Obama Lawyer

MENTOR TO President Barack Obama



MENTOR TO





Luke Skywalker Star Wars

Coaches & Mentors: Differences Between Them By Matt M. Starcevich, PhD, CEO Center for Coaching and Mentoring, Inc.

Mentor

Individual

Facilitator with no agenda

Self selecting

Perceived value

Affirmation/learning

Life

Coach

Performance

Specific agenda

Comes with job

Position

Teamwk/perform

Task related

matt@coachingandmentoring.com

Focus

Arena

Relationship

Source influence

Personal returns

Role

"Coaching and mentoring are not the same thing" (Starcevich, 2009); examples of differences-- in focus, role, and relationship:

 Mentor focuses on the person; mentoring is biased in your favor.

- Mentoring is a power-free, twoway mutually beneficial relationship; mentors are facilitators and teachers, allowing mentees to discover their own directions.
- Self-selection is the rule in informal mentoring relationships.

- Coach is job-focused & performance oriented; coaching is impartial, focused on improvement in behavior.
- Coach has set agenda to reinforce or change skills and behaviors; coach has objective/goals for each discussion.
- Coaching comes with job, a job expectation ... in some orgs, a defined competency for managers and leaders.

Thoughts from lit - what mentoring is:

- Through this <u>developmental partnership</u>, the <u>mentee sets goals</u>, with assistance of mentor, for key purpose of development of mentee; enhancing skills, gaining new knowledge, and implementing new behaviors = intended targets (Cummings, from Crosby, 2010)
- A <u>mutual relationship</u> with <u>intentional agenda</u> designed to convey specific content along with life wisdom from one individual to another; <u>doesn't happen by accident, nor do its</u> <u>benefits come quickly</u> (Addington & Graves)
- Used in all kinds of orgs; leadership training program that goes beyond training class to teach/model desired skills/knowledge, and behavior
- Helps people "move up ladder," in business, in academia, etc.
- Success/failure closely tied to how well m and m are matched.
- There must be sense of win-win for both mentor and mentee.
- There are advantages for both in the relationship (Crosby, 2010)

LEHIGH VALLEY HEALTH NETWORK

Refs addressing value of mentoring

Examples in various disciplines:

- Forging of a good writer--a long process in which a mentor can play invaluable role (Looi, 2009)
- Systematic review: id'ed studies evaluating effect of mentoring on career choices/academic advancemt among med students and physicians; mentoring perceived as important part of academic med, but evidence to support this perception-not strong; studies are required using more rigorous methods, addressing context. issues, using cross-discipline approaches (Sambunjak et al., 2006).
- Guidance of mentor has been shown to increase academic outcome measures (for MD clinician-educators) such as peer reviewed pubs and grant support for Jr academic faculty (Farrell et al., 2004)
- Good mentoring enhanced research productivity among <u>both</u> Jr and Sr occupational therapy faculty (Paul et al., 2006)

LEHIGH VALLEY HEALTH NETWORK

Early work by D. Clutterbuck et al. revealed common practices among effective mentors; researchers observed that good mentors:

- reinforced rapport at each meeting;
- held back from giving their own experience until: a) the mentee had fully explored issues and b) the mentor had a chance to "peer" well under the surface of presented issues;
- summarized during discussions, yet ensured that mentee summarized at end of talks;
- challenged and encouraged as the need arose;

Early work by D. Clutterbuck et al. (continued) ... Effective mentors:

- Made use of very good, penetrating questions; gave considered advice when called for;
- Made use of silence whenever a question struck home, ensuring that the mentee had sufficient reflective space in which to consider the implications of an insight;

Early work by D. Clutterbuck et al. (continued) ...

The final (and my favorite) common practice observed among effective mentors:

??????

**Further observations and more recent studies have shown that proactive behaviors by mentees are equally critical to a successful mentor/mentee relationship.

LEHIGH VALLEY HEALTH NETWORK

A few thoughts for mentees to consider:

- 1) Building a team of mentors is a good investment in oneself and one's career.
- 2) As a mentee, one needs to be in the driver's seat of his/her mentoring relationships (not the passenger seat).
- 3) Practically, what do #1 and #2 mean??

"Remember that you--the mentee--own the mentoring relationship. You need to bring your energy, passion, vision, and enthusiasm for the complex and challenging tasks we encounter in scientific research, especially the groundbreaking, novel approaches encountered in accelerating the translation from discovery to improved clinical practice" (Lakoski, 2010).

*Top 10 Tips To Benefit Mentees (The tips "sound" easy; however are challenging to do well)

- 10): Know your goals.
- 9): Choose the best mentor(s) to meet your goals.
- 8): Begin mentoring relationships by discussing mutual goals and expectations.
- 7): Practice the highest standards of professionalism.

*Top 10 Tips To Benefit Mentees (cont'd)

- 6) Learn to accept and give feedback.
- 5) Recognize that your path is your responsibility.
- 4) Practice good communication.
- 3) Consider a periodic mentor check-up.
- 2) Avoid burning bridges if/when it's time to move on.
- 1) Enjoy the ride of a mentoring relationship with a trusted colleague.

**While we may select mentors based on particular competencies, reciprocality of behaviors between mentor and mentee enhances likelihood of success in the m-m relationship (Clutterback, 2004)

Key *reciprocal behaviors identified thus far (Clutterbuck & Lane, 2004; Engstrom, 1997-98), used by both effective mentors/mentees:

- 1) Articulating
- 2) Listening
- 3) Respect
- 4) Analytical skills
- 5) Goal clarity
- 6) Challenging
- 7) Self-awareness
- *Seemingly 'simple' behaviors that aren't simple at all...rather, they require thorough understanding, thoughtful practice, and refinement over time. (Refer to handout!)

More *reciprocal behaviors used by both effective mentors/mentees:

- 8) Commitment to learning
- 9) Reflection/preparation
- 10) Using process management techniques
- 11) Conducting regular mentor relationship reviews

*Seemingly 'simple' behaviors that aren't simple at all...rather, they require thorough understanding, thoughtful practice, and refinement over time. (Refer to handout!)

(Clutterbuck & Lane, 2004; Engstrom, 1997-98)

Summarizing: Mentoring literature reveals three action ingredients important to successful mentoring relationships ...

- Thoughtful preparation/skills of mentor
- Thoughtful, proactive prep of mentee
- Reciprocality of useful behaviors,
 practiced by both mentors and mentees

A brief example ... Tying together concepts of "mentoring" and "getting involved in research":

 To illustrate how one can connect a clinical interest to a research goal and thereby begin building a research program, <u>using valuable</u> <u>mentor input</u>

My VA Oncology Work

- Initially, largely direct clinical careand co-op studies-focused work
- Mid-career: helped to develop a new health services research program & conducted clinical pain studies; continued doing clinical pain consults, talks, staff development, etc.
- My mentors ...

Some of my mentors

Jeff Etchason, MD, Atl VAMC and LVHN



Julian Jacobs, MD
Chief, Hem-Onc
Atlanta VA Medical
Center
Worked together for
16yrs

Robbie Foster, RN My first head nurse LEHIGH VALLEY HEALTH NETWORK

Developed particular interest and skill in improving cancer-related pain

- Pain--a significant problem for many cancer pts
- Moderate-severe cancer-related pain is experienced by 30-40% of all pts with active disease and by 60-90% of pts with advanced disease.
- We've had effective treatments in form of opioids (morphine-prototype) for almost 30yrs!!!! About 85% of such pain could be relieved by oral opioids and/or transdermal patches.
- Poor pain management: identified as a <u>national</u> <u>disgrace</u> and <u>human rights issue</u>

Clarifying research interests at VA ... over time...

- Continued direct clinical practice and managing clinical programs for four more years post- PhD
- Major interest/involvement in improving cancer pain management stemmed from long time practice at VA as
 - oncology clinical nurse specialist
 - pain management consultant
- Rewarding to work with cancer pts in pain; substantial successes possible using basic good pain management principles. However,

Clarifying research interests ...

- In contrast to my enjoyment practicing in these areas, I had long been troubled by:
 - a) the well described clinical & "organizational" <u>realities that work against good pain management</u>
 - b) voluminous literature that repeatedly confirms the <u>problems with</u> <u>achieving good symptom</u> <u>management</u>, particularly related to pain.

LEHIGH VALLEY HEALTH NETWORK

Engaged in a planned process, to make linkages between my past work and each of the pilot studies I had previously designed/implemented, with the long term goal being to:

- organize compelling prelim data to support an R01 application... & later, to support other grant applications.
- Useful idea for new researchers who can:
 - form linkages among their past wk experiences
 - enlist help of mentors to <u>organize strengths</u> & <u>help direct focus</u> of 1st studies; BIG advantage

Five initial pain studies formed basis of developing program of research

- Project 1: focused on a healthcare organization's pain management policy & nurses' pain management practices
- Project 2: measured patients' satisfaction with pain management, using two different response formats
- Project 3: explored relationships between pain and sleep variables--pt self reports
- Project 4: quantified relationship between pain intensity and nighttime sleep duration & examined net effect of opioids on sleep
- Project 5: described activity and rest patterns of med oncology patients taking opioids, gathering both objective actigraphic activity/rest data and subjective self-report survey data

My CDC Work

- Recruited to CDC's Cancer Division, Ca Surveillance Branch
- Patterns of Care (PoC) research work
 - Lead investigator for PoC 1
 - Complex, multi-state, 4+ year project
 - Study already in progress
 - Had encountered some bumps
 - Needed stronger/clearer CDC leadership
 - Provided clinical & research expertise
 - Had much to learn regarding the public health endeavors of CDC, ways of doing business there, etc.
- Great opportunities for pursuing additional cancerrelated interests

Some of CDC's multidisciplinary staff involved in CDC's PoC study



My Current LVHN Work

- Conducting a study to establish the status of pain management for LVH home care cancer patients
- Developing project to examine feasibility of using pain/QOL tools with outpt Spanish speakers
- Developing concept of mentored research workshop to assist new researchers in:
 - creating/conducting sound, simple studies
 - learning about various study team roles and skills required to be effective researcher (e.g., interviewer, study coordinator, statistician, database developer, PI)
- Preparing for eventual submissions--external funding
 - Satisfaction project
 - Considering grant to obtain seed funding for projects led by new LVHN investigators

Some of the LVHN Pain Study Team Members



Michelle Flores, Study Interviewer

Ann Casterlin, Vickie Cunningham, Karen Kramer & the LVH Home Care Nurses

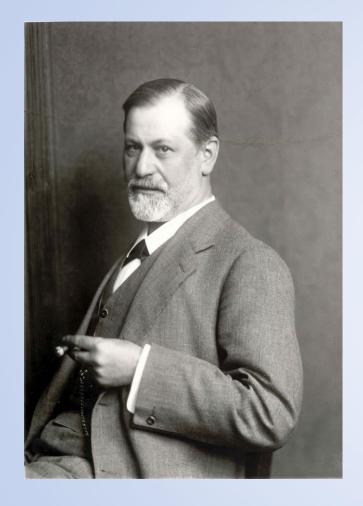


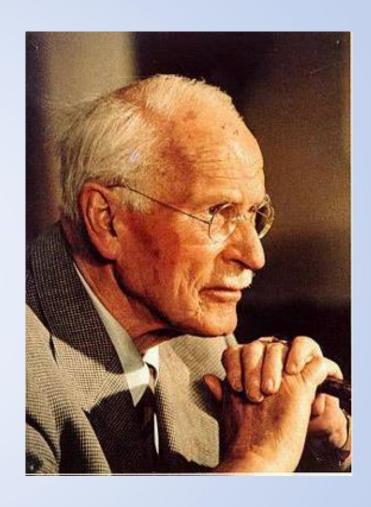
Michele Flores, BSN, RN, on recent mission trip to Africa

In closing...we've talked about:

- Ways in which mentors can "tune-up" their mentoring styles to better assist mentees
- Ways in which mentees can be proactive in maximizing benefits of having personal and professional relationships with mentors
- Reciprocal m-m behaviors that contribute to an effective mentoring relationship
- Strategies for new researchers to use in: a) finding effective mentors, and b) developing skills as research study team members and leaders

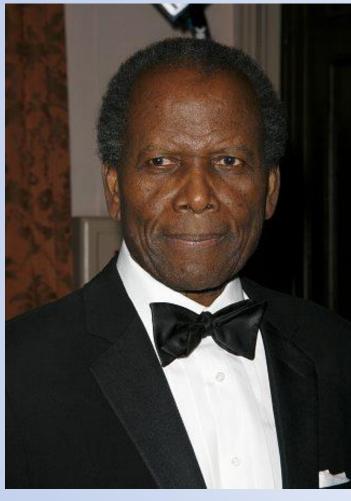
Additional notable mentors and mentees:



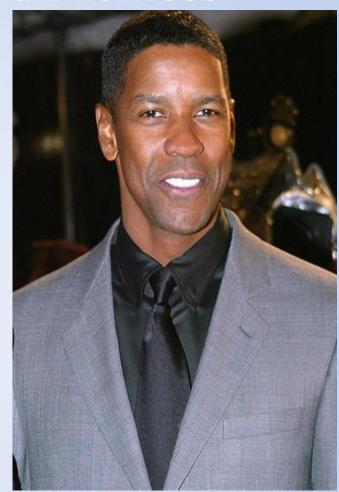


Sigmund Freud Founder Psychoanalytic Psychology

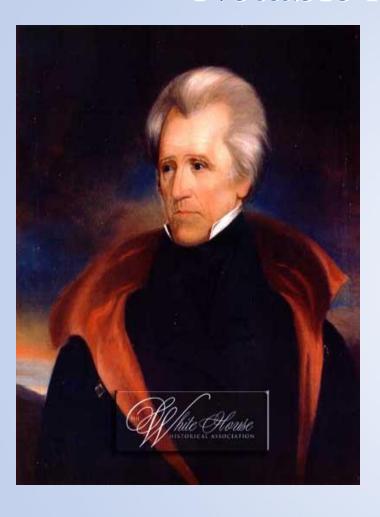
Carl Gustav Jung Founder Analytic Psychology

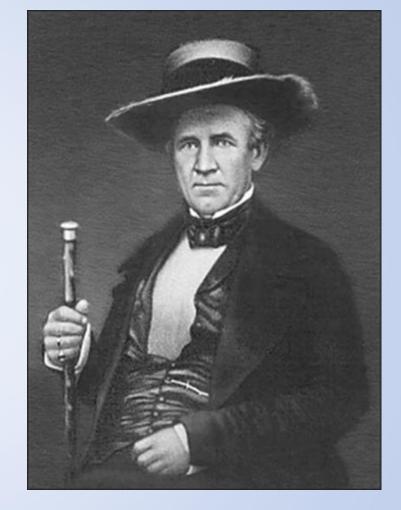






Denzel Washington American Actor





Andrew Jackson 7th **US President**

Sam Houston Founder of Texas

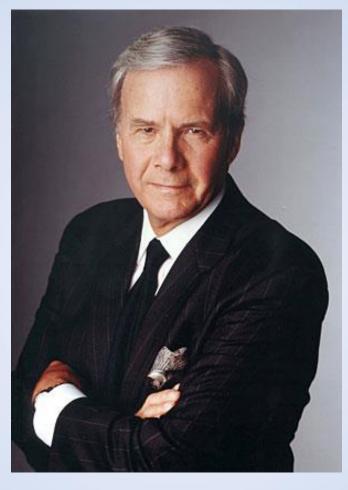
Notable Mentors and Mentees



Mrs. Duncan
4th Grade Teacher

MENTOR TO

Oprah Winfrey Television Host



Frances Morrow
Elementary School Teacher

MENTOR TO

Tom Brokaw Television Journalist

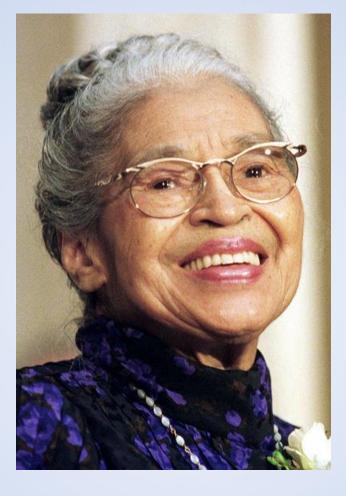
Notable Mentors and Mentees



Anne Sullivan Teacher

MENTOR TO

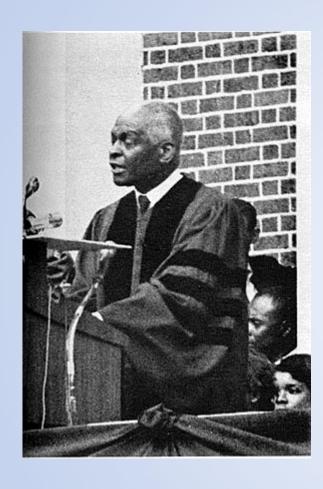
Helen Keller Author, Political Activist, Lecturer

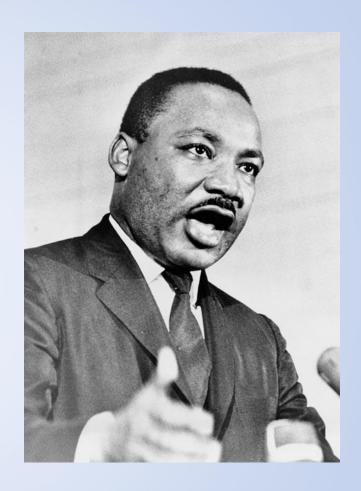


Alice L. White Headmistress

MENTOR TO

Rosa Parks
African American Civil
Rights Activist





Dr. Benjamin E. Mays Educator, Scholar, Social Activist

Dr. Martin Luther King Jr. African American Civil Rights Activist



Questions?

Contact Information:
Linda Alley
Linda_G.Alley@lvhn.org
610-969-3419



A PASSION FOR BETTER MEDICINE."

