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## E-Mentorship in Speech-Language Pathology

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## E-Mentorship in Speech-Language Pathology

### Abstract

Current literature on mentorship stems from the fields of higher education, intercultural psychology and counseling and focuses on the personal, interpersonal, and professional aspects that facilitate positive and successful relationships. However, these aspects have seldom been explored in speech-language pathology literature even though mentorship occurs in all facets of the field (student training, as well as clinical and academic settings). Despite a growing consensus in the field that mentorship promotes the development of theoretical and clinical knowledge, there is a dearth of speech-language pathology research exploring collaborative and synergistic frameworks of mentorship which promote interpersonal skill development. Such learning is specifically relevant to perseverance during difficult times, such as the COVID-19 pandemic. In this article, we suggest a new model of "e-mentorship" or remote mentorship as an alternative to the canonical model of face-to-face mentorship. Subsequently, we define the potential roles that a mentor and a mentee could assume in this context by linking interpersonal and professional skills in an innovative tutorial for e-mentorship in speech-language pathology.

### Keywords

e-mentorship, speech-language pathology, professional skills, distance learning, pandemic

### Cover Page Footnote

Thanks are due to ASHA Mentoring STEP platform .

## Introduction

This paper addresses the mentee and mentor relationship in the context of e-mentorship. Supervision and instruction are reframed as mentorship. The purpose of this article is to demonstrate the importance of e-mentorship or distance mentoring in speech-language pathology and to provide information about methods and tools that may be available to mentors and mentees. This tutorial emphasizes the value of reciprocal, collaborative relationships in contrast with previous traditional/classical mentoring approaches.

From an etymological perspective, mentoring, a derivative of the word “mentor,” has been described as having its origins in Greek mythology (Pennanen et al., 2016). It is an onomastic translation of the proper name of a romantic character, Mentor, borrowed from the Greek Μέντωρ (Anglicized form of the name of a hero of the Odyssey, tutor of Telemachus). In the context of Greek literature, mentoring stems from the Socratic technique of harvesting and was subsequently applied to the method of learning used in the apprenticeship of itinerant cathedral builders during the Middle Ages (Aubrey & Cohen, 1995). In this tutorial, a similar concept of mentoring to facilitate learning is applied to the field of speech-language pathology.

The American Speech-Language-Hearing Association (ASHA) describes mentoring as “a developmental partnership through which one person shares knowledge, skills, information, and perspective to foster the personal and professional growth of someone else” (ASHA, as cited in Mills, 2008, p. 67). According to the International Mentoring Association ([IMA],2022), mentoring is “the all-inclusive description of everything done to support protégé orientation and professional development. It includes creating the relationship, emotional safety, and the cultural norms needed for risk taking for the sake of learning, and the desired result of accelerated professional growth.”

Mentorship, like all relationships, is a complex construct for which success is dependent on the participation, engagement, and compatibility of all involved parties (Kram, 1983; Mertz, 2004). Mertz (2004) describes how almost all supportive relationships take the form of mentorship, and highlights that the definitions and construction of mentorship vary greatly depending on the parties involved, the focus, the level of inclusiveness, and the relationship itself.

Traditional perspectives of mentorship, supervision, and preceptorship have implied a significant hierarchy-based power differential (Staub & McCarthy, 2008). Ragins and McFarlin (1990) suggested that a mentor is “a high-ranking, influential member of your organization who has advanced experience and knowledge and who is committed to providing upward mobility and support to your career” (p. 326). While this definition is indeed representative of some mentorship relationships, it is important to acknowledge the reciprocity and bidirectionality in mentorship (Livingston, 2010).

## Mentorship models in Speech-Language Pathology

According to Wright-Harp & Cole (2008), there are three major issues in the field of speech-language pathology that strong mentoring can address: (a) the underrepresentation of individuals (particularly males) from diverse racial/ethnic groups pursuing graduate degrees, (b) the gradual

decline in the number of individuals pursuing the PhD degree, and (c) the underrepresentation of racial/ethnic minority faculty in academia. Lindén et al. (2013) suggested solutions to overcome the gendered institutional discourse during a PhD learning experience, while McDaniel et al. (2022) recently developed a PhD Student–Mediated Mentorship Model (PS-MMM) which aims to address the PhD shortage by facilitating a successful immersion and transition into research doctoral training. Thus, it is clear that optimal mentoring programs remain a consistent recommendation as a solution to these issues.

In the speech-language pathology literature, the first reflections on supervision and mentoring in teaching and clinical settings have been discussed by Anderson (1988) and Brasseur (1989) as a continuum. Anderson's (1988) continuum model of supervision, on which Brasseur (1989) expanded, stems from situational leadership theory and discusses eight variables that influence the amount and degree of supervisor involvement. As the amount of direction by the supervisor decreases, the amount of involvement in the supervisory process by the supervisee increases (Anderson, 1988). The stages (evaluation-feedback, transitional, self-supervision) should not be considered as time-bound, as any individual supervisee may be found at any point on the continuum depending on situational variables as well as the supervisee's knowledge and skill (O'Connor, 2008).

There has also been much research that discusses how the social and communication power in the clinician-client relationship can stifle authentic communication and the speech-language pathologist, due to their dominant role in the interaction, can inadvertently project identities and goals upon clients that they may not have for themselves (Keegan et al., 2022; Kovarsky et al., 2007). Similarly, a mentorship relationship, as defined by Ragins and McFarlin (1990), paints a picture of a hierarchical relationship whereby the superior mentor is imparting the information, and the inferior mentee is accepting it. Ylvisaker (2006) and others emphasize that it behooves clinicians to adopt a coaching rather than a teaching style to their work with clients. The same is true from a mentorship perspective, where supportive coaching is more likely to assist the mentee in reaching their goals than overt instruction on how to do so. In this context, mentoring relationships will facilitate critical, career-long personal and professional advancement opportunities. Such opportunities are particularly necessary for underrepresented students and future practitioners who often lack access to mentoring networks (Mahendra & Kashinath, 2022).

This has significant parallels with academic education in speech-language pathology. In recent years there has been a move toward a constructivist-based model of education (Keegan et al., 2017; Sanders et al., 2020), which emphasizes the student as an active participant in their education. Problem-based learning is an example of one such approach, where students are treated as independent learners that are guided by a facilitator or tutor who encourages curiosity and critical thinking (Visconti, 2010; Whitehill et al., 2014). This emphasis on promoting student autonomy and independence, rather than teaching or lecturing from a pedestal, epitomizes a reciprocal mentorship relationship.

According to Radha Krishna et al. (2019), role modeling, teaching, tutoring, coaching, and supervision lie within a mentoring spectrum of increasingly structured interactions. The cooperative mentorship model is a concrete example of an academic-focused mentoring model (Olesova & Campbell, 2019) and is based on connecting a mentor (senior faculty) and mentee

(junior faculty) who is new to asynchronous online course design, development, and teaching. Wright-Harp & Cole (2008) suggested a multiple mentor model for students in academic settings. This model suggests the need for multiple mentors of varied skills, ages, and traits who can meet a mentee's individual needs. There are five types of mentors: academic, clinical, research, peer, and career/ professional development mentors. The mentoring relationship continuum (MRC) model offers another perspective on mentoring. This model aims to facilitate transformational mentorship, which is a reciprocal, interdependent, egalitarian, communitarian and developmental relationship, and emphasizes a psychosocial mentoring bond (Johnson et al., 2014). At the end of MRC, the mentor transfers his support, empowerment, authenticity, and reciprocity to the mentee. Finally, Bellon-Harn & Weinbaum, (2017) describe a cross-cultural peer mentoring program in which, through peer advising relationships, bi- and multilingual and multicultural competence, have been applied in formalized training that includes opportunities to converse about sensitive topics.

The variety of mentoring models and programs available highlight how successful mentorship spans all relationships and has relevance and application to everyone in the profession of speech-language pathology (student, scholar, and clinician), at every stage of learning, practice and supervision. Mentorship opportunities support the gradual development from novice to expert and facilitate a continuum of learning across all levels of expertise. The benefits of mentoring include retention of new clinicians, increased job satisfaction, collaborative skills development, and leadership development (Mills, 2008).

### **E-mentorship models in Speech-Language Pathology**

Computer-mediated and internet-based virtual teaching and learning programs continue to attract users from a large spectrum of academic and clinical domains. There are other names for e-mentoring, such as telementoring, e-mentorship, cybermentoring, online distance and virtual mentoring (Black, 2017).

E-mentorship has been evolving incrementally thanks to information technology solutions which have bridged the geographic gap between mentors and mentees. Hybrid (Laughran & Sackett, 2015) and fully virtual models of mentorship have been described in recent years. E-communication and e-supervision via personal digital assistants and digital videoconferencing tools (Dudding, 2009), allow mentees to communicate and build relationships with their mentor regardless of physical location, facilitating cross-cultural, global relationships that otherwise may not be feasible due to distance. Current e-mentorship programs aim to foster individualized learning pathways in an egalitarian, rather than subordinate, relationship with a mentor (Dorner et al, 2021). E-mentorship may have multiple formats, ranging from synchronous (same time) to asynchronous (delayed) communication. Despite its benefits, online mentoring may limit the ability to pick up on visual or social clues, make immediate feedback difficult, and be seen as impersonal. However, it is suspected that e-mentoring, participants may be more willing to offer honest feedback than in face-to-face settings (Black, 2017).

Videotaped conferences were the first means of distance supervision and e-mentorship in speech-language pathology. In this context, Brasseur & Anderson, (1983) discussed a well-balanced (giving information, opinions, suggestions, and criticisms) direct and indirect style, as

characterized by a cooperative supervisory relationship in which empathy has been progressively established and mentoring style was measured by the Videotaped Supervisory Conference Rating Scale.

During the COVID-19 pandemic, many students, researchers, clinicians and academics across the globe were impacted in their daily practice by a switch from an in-person mode of teaching and learning to a remote learning environment (Stead et al., 2022; St. Clair et al., 2022). Such logistical flexibility requires (a) adaptive, metacognitive, emotional coping, and time management skills; (b) educational skills, including technological and content knowledge; and (c) clinical practice flexibility to reshape the delivery of internships/externships and reflect on new directions to capitalize on simulations, telepractice (Vogler & Mason-Baughman, 2011), and other virtual opportunities. One framework that has received recent focus in health care education is the “flipped classroom model”, which provides lecture materials for students to view outside of class. Different mediums may be used, such as videos, recorded PowerPoint presentations, and online platforms. Such models can forge self-sufficiency and teamwork, which are important in speech-language pathology (Sanders et al., 2022). This education style promotes an environment that is conducive to building mentor-based relationships between student peers, as well as the instructor.

The use of common and well-defined goals using a SMART ‘specific, measurable, achievable, relevant and time-bound’ design (Mills, 2008; Zachary & Fischler, 2009) help mentor and mentee align expectations and establish a framework for progress and feedback. Collaborative goal setting has been extensively discussed in terms of the speech-language pathologist’s role in working with clients (Hersh et al., 2012; Keegan et al., 2020) and is especially relevant for the development and maintenance of the mentorship relationship. Both of ASHA’s mentoring programs: Student to Empowered Professional (S.T.E.P) and Mentoring Academic-Research Careers (MARC) (ASHA, 2022a) use a dedicated online platform for mentees and mentors to use a collaborative framework and strategies. These programs also include guidelines to establish goals and develop a longstanding mentorship. Furthermore, as outlined by Utianski et al. (2022), ASHA has implemented a variety of clinical practice research programs to assist students, clinicians, and junior investigators throughout their clinical and research journeys. Examples include the PROMoting the next GENERation of Researchers program (PROGENY); Grant Reviewer and Reviewer Training (GRRT); the Pathways program; Lessons for Success program; and the Clinical Practice Research Institute (CPRI) (ASHA, 2022b).

A mentor ideally should acknowledge and capitalize on the experiences and knowledge the mentee brings to the relationship. Recent literature has discussed the effectiveness of peer mentorship models in the context of dealing with communication disorders (O’Brien et al., 2021), highlighting how it can enhance self-efficacy and facilitate improved health outcomes. A mentor who views the relationship as a peer-based relationship may facilitate greater self-efficacy and thus improved professional outcomes for the mentee.

Knowing oneself as a mentee or mentor is a continuous ontological, epistemological (Frick et al., 2010), and constructive state which combines a metacognitive awareness of one’s strengths and limits, incorporating feedback received from mentor, peers, and colleagues. This mixture of self-awareness, metacognition, self-construct, and constant-changing self (Cook-Sather, 2006) are crucial elements required for a successful and longstanding relationships. The objective of the first

meeting is that of getting to know each other and building trust (Grady, 2020) to shape the course of a positive relationship. This can be enhanced if the mentee can become familiar with the professional portfolio of the mentor by reading authored articles and/or investigating their research areas and clinical expertise.

A partnership that involves immersion and engagement in research provides an active setting for learning and building a synergistic relationship, as per best practices in mentorship (Gruber et al., 2020). Therefore, it is crucial to engage both mentor and mentee to act equally and responsibly in collaborative projects. Regardless of the level of participation, the involvement of the mentee in research contributes to the development of the “self as a researcher” (Devos, 2004). This will allow the mentee to construct a responsible clinician-researcher identity by observing the phenomena, asking the appropriate research questions, and using knowledge from the existing literature to advance the field. It is also an opportunity for personal career development (Hudson, 2013) and motivation, which is fueled by positive feedback from the mentor. To counterbalance the psychological and mental effects of the COVID-19 pandemic related isolation (World Health Organization, 2020), e-mentorship with a focus on academic research could be considered as an antidote, while keeping an insightful and open-minded spirit. Coaching and e-mentoring helps to encourage, challenge, and motivate mentees to focus on their specific goals. They cultivate a sense of self-discipline, resilience, stress tolerance, and flexibility (Gamage et al., 2021). Applying this coaching e-mentoring approach may also reduce attrition in online learning (AuCoin & Wright, 2021). Thus, mentors need to provide additional emotional, cognitive, and mental effort in order to connect and resonate with their mentee’s stressors.

Another way to innovate e-mentorship during this pandemic is to use audio-visual and interactive databases of patients such as Talk Bank repositories (MacWhinney & Fromm, 2016) or avatars from simulated and animated videos (e.g., Simucase®). These could be very beneficial in expanding the clinical repertoire of students' knowledge of a given disorder (Kommers, 2012). This e-case-based approach may enhance critical thinking, clinical reasoning, and problem-solving abilities. It may also prepare students to embrace cultural competency and proficiency during the mentoring process (Turk et al, 2019). This means of promoting mentees’ critical thinking using real clinical vignettes or simulated patients may serve as an alternative to the shortage and the limitations of clinical opportunities imposed by the ongoing context of pandemic.

Mentors can take an active role in supporting the partnership by using motivational icebreakers with mentees. Such brief motivational mentorship could be inspired by theatre-based therapy (Losardo et al., 2019) or role-play (Hoepner & Sather, 2020) to support the mentee in dealing with the challenges they face. For instance, letting mentees freely express their feelings and thoughts may help them forge a positive representation of themselves via an activity-based intervention such as drama warm-up exercises, vocal and acting exercises, performance, and scene therapy (Losardo et al., 2019). This modality may have a positive impact on mentee and indirectly on the mentor if the delivered content is timely and purpose-driven. It may engage them prospectively to focus on intra/inter-personal skills instead of conventional technical content in speech-language pathology.

A mentor may support and nurture the positive traits of the mentee. This requires a compatibility between the mentor’s and mentee/protégé’s personal style (Wright-Harp & Cole, 2008). For

mentors, a synergistic interaction and acculturation are preferable to a style which is authoritarian or laxist. Using a personality typing instrument such as the Myers-Briggs Type Indicator (MBTI®; Myers, 1962) may help mentors and mentees to obtain a holistic understanding of their personality traits, their management and leadership style, as well as preferences (Briggs & Briggs, 2008). The perfect and ideal mentor should possess excellent motivational, managerial and interpersonal skills and believe that mentoring is satisfying and rewarding. This means moving towards a collaborative and synergistic relationship. Leadership skills are very important, allowing role reversal or reverse mentoring (Sisodia & Agarwal, 2020) which can encourage respect and humility between a mentor and a mentee. This will guide the mentor in nurturing a well-balanced use of interpersonal and professional skills and lead to establishing a foundation for a mutual, horizontal, and collaborative relationships. This contrasts with the directive and vertical relationship described in classical mentorship (Douglas & McCauley, 1999; Gabriel & Kaufield, 2008; Kram, 1983). Once this mindset is adopted by both sides, then the concept of ‘win-win’ (Morrison-Beedy et al., 2001) and team-based mentorship (Wright & Lofthouse, 2013) will be the recommended approach in academia and clinical practice. Combining these skills will prepare and train students who are both academically and culturally successful who provide sensitive, responsive, and competent clinical care (Mandulak, 2022). Finally, as stated by Staub and McCarthy (2008), “during the trip of the novice professional, a wrong road might be taken, a bump hit, or a detour made. Mentors, like guideposts, might make the difference between a successful journey and a failed one” (p. 86).

## **Conclusion**

This tutorial discussed some aspects of canonical mentoring and delved into different ways of applying e-mentoring or distance mentoring in speech-language pathology, especially during the pandemic. Mentors and mentees as clinicians, researchers, faculty members, and students need to work collaboratively to adapt their behaviors and resources to the needs of their stakeholders (clients and caregivers). Remote communication in hybrid or online mentoring relationships, result in changing perspectives, roles, and communication for the speech-language pathologist (Taiebine, 2020; Taiebine & Keegan, 2022). Therefore, this tutorial is a call to action for the field of speech-language pathology to maximize e-mentoring opportunities and capitalize on virtual space by reframing the therapeutic and academic environment for a new experience that spans geographic boundaries.

## **Disclosures**

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