Benefits and Characteristics of Mentoring Students and Young Professionals

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Abstract

Mentoring has long been believed to be an effective means of developing students’ clinical, research, and teaching skills to become competent professionals. The American Speech-Language-Hearing Association (ASHA) has developed two online mentoring programs, Student to Empowered Professional (S.T.E.P. 1:1) and Mentoring Academic Research Careers (MARC), to aid in the development of students. This paper provides a review of the literature on mentoring and compares and contrasts mentoring/mentors with clinical supervision/preceptors. Characteristics of effective mentors and mentees are offered. Additionally, the benefits of clinical mentoring such as, teambuilding in the workplace, retention of new staff, leadership development, and improved job satisfaction are discussed.

Mentoring has long been an effective strategy to develop leadership, professionalism, and expertise. By definition, mentoring is a developmental partnership through which one person shares knowledge, skills, information, and perspective to foster the personal and professional growth of someone else (ASHA Mentoring Manual http://www.asha.org/NR/rdonlyres/F0D418D0-90C4-42B3-BB6B-576FC8E3639F/0/MentoringManual.pdf). Mentoring serves to help individuals transition from novice to professional. The fields of audiology and speech-language pathology are constantly changing. As health care fields continue to grow, it is imperative for our professions to continue to develop the leaders of tomorrow.

ASHA has established programs to facilitate mentoring and professional development. The ASHA Gathering Place is an accessible Web resource on mentoring (http://www.asha.org/students/gatheringplace/). The Gathering Place was created by
ASHA to provide the resources to create, develop, and maintain mentoring relationships. The Web page reports that, second to education, mentoring is the greatest factor in professional success (http://www.asha.org/students/gatheringplace/).

The ASHA Gathering Place provides information on two mentoring programs. The first program is S.T.E.P. 1:1 (i.e., to move the student to empowered professional). This program is a one-on-one mentoring program that is open to all students at any level of their academic careers (undergraduate, graduate, doctoral). Preference for placement with a mentor is given to individuals from racial/ethnic backgrounds who have been historically underrepresented in the communication sciences and disorders professions. This mentoring program is an e-mentoring program. The program is designed to be carried out via e-mail (and supplemented with phone and, if possible, face-to-face mentoring time) for at least 8 months (which can continue if both the mentor and mentee agree). The primary goals of this program are to recruit and retain racial/ethnic minority students, provide online resources for students seeking tools and information, and to provide a positive mentoring experience through learning opportunities (http://www.asha.org/students/gatheringplace/step/default.htm).

The second program offered via ASHA’s Gathering Place is the Mentoring Academic Research Careers (MARC), which is also an online mentoring program. It is specifically designed for PhD students, post-doctoral fellows, and new faculty members. Similar to the S.T.E.P. 1:1 program, it is designed to be an 8-month online mentoring program (which can continue if both the mentor and mentee agree) to offer mentoring in professional issues related to careers in academia (http://www.asha.org/students/gatheringplace/marc/default.htm).

In both the MARC and S.T.E.P 1:1 programs, mentors and mentees are assigned based on individual needs. In the case of MARC, the relationship is based on the type of mentoring the mentee is seeking and in the case of S.T.E.P. 1:1 the mentor and mentee are assigned based on a personal profile which looks at areas of interest as one of the deciding factors (http://www.asha.org/students/gatheringplace/).

One area of mentoring that deserves attention is that of clinical mentoring and the benefits of clinical mentoring. Within speech-language pathology and audiology, the topic of clinical mentoring is not as widely published as in other fields. Therefore, this paper offers insight into mentoring through a literature review of other healthcare fields.

**Characteristics of Mentors and Mentees**

There are many characteristics of mentors and mentees that make their dynamic relationship work. Rose, Rukstalis, and Schuckit (2005) offer some “dos and don’ts” associated with mentoring relationships. Although the “dos and don’ts” were designed with academic medicine in mind, the principles appear to be universal. For example, in both speech-language pathology and audiology, we would expect mentors...
to make themselves available, focus on the mentee, track progress, and be respectful. Additionally, a mentee would be expected to be on time and follow through on topics discussed and/or projects developed. Both the mentor and mentee would accept critiques/suggestions and show respect. These types of behaviors lend themselves as good building blocks to mentor/mentee relationship.

Additionally, there are specific characteristics that are often used to describe effective mentors who are, in general, people oriented. Kanaskie (2006) reported that characteristics of effective mentors include patience, knowledge, respect, and enthusiasm. Patience is an essential part of the relationship because any time an individual enters a new position it will take time to grow and learn (Kanaskie). Effective mentors are also good listeners (Kanaskie; McKinley, 2004). An example in which active listening skills are needed would be when the mentee is upset and is second guessing himself or herself. The mentor could say “so things are not going well” and then the mentee would respond “no.” This type of conversation does not lend itself to getting at the root of the problem. Rather, the mentor should say, “So, you are saying that the last few days have not been going well. Specifically, what seems to be the problem? Let’s see if we can figure out how to best remedy the situation.” All of these mentor characteristics (patience, knowledge, respect, and enthusiasm) combined help develop rapport and a sense of trust between the mentor and the mentee. This sense of trust increases communication and allows the mentee to ask questions, express feelings of uncertainty, and offer suggestions and ideas (Kanaskie).

The development of the mentor-mentee relationship does not rely solely on the mentor. There are characteristics of the mentee which help to enable a successful working relationship. Kanaskie (2006) reports that it is expected that mentees be “open to receiving help and guidance, and have a strong commitment to their career and competence, a strong self-identity, and initiative” (p. 249). Also, a mentee should have some identified goals and a sense of what they are looking to gain or learn from the relationship, so that these goals and ideas can be actively developed through the mentoring process (Kanaskie).

**Mentoring vs. Preceptor**

Many individuals may think mentoring and clinical supervision/preceptorship are one in the same. ASHA has long promoted clinical supervision as a relationship in which the primary goal is clinical teaching. Even further, ASHA defines a clinical supervisor as one who “engages in clinical teaching through observation, conferences, review of records, and other procedures and which is related to the interaction between a clinician and a client and the evaluation and management of communication skills” (ASHA, 1985, p. 2). A clinical supervisor may have many clinicians to supervise and extensive one-on-one time may be limited. A preceptor is similarly defined. Within the nursing literature, for example, a preceptor is described as one who helps to move an individual from theory to practice. A preceptor is one who educates an individual in the day-to-day practices in a clinical setting and helps
transition an individual from a student to a clinician. With a preceptor, there is typically a start and an end date (Yonge, Myrick, Billay, & Luhanga, 2007).

Barker (2006) and McKinley (2004) point out that although a mentoring and supervisory relationship may overlap and could potentially be offered by the same individual there are distinct differences between mentoring and clinical supervision/preceptorship. Mentoring has a much broader definition and it seeks to develop the person, and not just clinical skills and/or knowledge, so that a mentee may thrive and grow in many facets of life and reach his or her full potential (McKinley, 2004). Although preceptors and mentors are typically experienced clinicians, the goals of a preceptor are often dictated by some external goals for the student or new clinician. Typically, the preceptor/novice clinician relationship is shorter in duration and the goals of the supervisor/preceptor are primarily related to the development of specific skills and proficiencies related to specific clinical protocols. Once these are mastered, the skills are documented and the preceptorship is over (Barker, 2006). In a mentoring relationship, there is often no formal assessment of skills, and the goals are typically driven by the mentee (McKinley, 2004). The key ideas of mentoring center on supporting, nurturing, and inspiring an individual. In this relationship, the mentor seeks to guide the mentee in establishing his/her own identity (Yonge et al., 2007). Even further, a mentoring relationship can occur at any time during one’s clinical career; whereas, the preceptorship is typically at the beginning of one’s career.

**Transitioning to Clinical Supervision/Preceptorship**

It may be possible to move from the role of a supervisor to a mentor or vice versa. Remensnyder (2007) offers an example of this type of transition. During a professional conference, she was given the opportunity to be matched with a third year audiology doctoral student with interests in working in a similar clinical setting. The individual met the student for breakfast, and they exchanged e-mail addresses. Over a period of time, they exchanged e-mails that initially were informational in nature regarding the topic of the clinical setting. As the pair became more comfortable with each other, they were able to develop more of a mentoring relationship as opposed to an informational/educational exchange. When the third year student started to consider placements for the fourth year, the opportunity to be placed at the mentor’s site became available. In the article, the mentor states that during the fourth year externship, she was able to continue mentoring the student, but also was able to serve as a preceptor and help develop clinical skills and work ethics and additionally help the extern fit within the setting. At the end of externship, Remensnyder was able to offer the student a full-time position with confidence as she was able to assess the mentee from many different types of situations. In this circumstance, the relationship moved from one of mentor, to mentor and preceptor, to employer.

Although the above scenario illustrates a change from mentor to employer, one could also start at the level of clinical supervisor/preceptor and move toward a
mentoring relationship. During the initial time of clinical supervision, the supervisor should seek to develop a sense of trust and open lines of communication while making the student feel like a person and not just a trainee who must be taught the essentials. If these qualities are developed, then the transition from the role of supervisor/preceptor to mentor should be much smoother.

**Benefits of Mentoring**

There are several benefits that have been documented in the literature that support mentoring. These benefits include retention of new clinicians, reported job satisfaction, teamwork development, and leadership development.

**Job Satisfaction**

In a study that investigated predictors of job satisfaction, Harris, Winskowski, and Engdahl (2007) found that career mentoring and task support were the types of social support most predictive of job satisfaction. They defined task support as sharing work assignments/ideas and career mentoring through an advisory relationship with individuals who have more experience. This study investigated all types of jobs within a hospital setting and utilized a questionnaire to obtain results. As mentioned above, the results indicated a positive relationship between career mentoring, task support, and job satisfaction (Harris et al., 2007).

In a similar study, Allen, Eby, Poteet, Lentz, and Lima (2004) speculated that a support system that helps an individual feel more confident in his/her career and enhances “career-related efficacy through challenging assignments and coaching” (p. 132) would help facilitate job satisfaction. Their results also indicated that mentoring had a positive impact on job satisfaction.

**Retention**

The establishment of a formal mentoring program is one tool that fosters job retention. In the field of nursing, there are reports of increased retention based on the development of formal mentoring programs. In one facility, there was a 3.1% decline in turnover following a one year implementation of a mentoring program. Another site reduced turnover from 34% to 8% with the initiation of a mentoring program (McKinley, 2004). The implementation of a mentoring program supports the development and maintenance of relationships between the new and experienced clinicians, promotes teambuilding, and steers novice clinicians into social and political aspects of their new work settings (Greene & Puetzer, 2002).

**Teambuilding**

The enhancement of teamwork is also a documented benefit of mentoring. As described by McKinley (2004), the organization benefits because mentoring relationships help to develop commitment to common goals and develop an understanding of the goals, values, and vision of the organization. This understanding assists an individual to understand his or her role in the team, thus making him/her a better team member (McKinley).
Mentoring in Audiology and Speech-Language Pathology

The costs to recruit, train, and retain audiologists and speech-language pathologists are considerable. Therefore, mentoring may serve an essential function in these professional fields. According to Rall and Brunner (2006), there are many concepts related to mentoring that can be garnered from other health care professionals. These authors discussed the use of “S-M-A-R-T” goals in mentoring. This is a concept in which goals are Specific, Measurable, Action-oriented, Realistic, and Timely. By utilizing the “S-M-A-R-T” goals, they reportedly were able to communicate more effectively which allows for more clearly defined goals/expectations. An example of a goal that is not “S-M-A-R-T” would be “Karen will learn more about pediatric audiology to determine whether this is an area she wishes to further develop.” This goal, as defined by either the mentor or even the mentee, is not a well-defined goal and can lead to confusion and/or lack of action. A “S-M-A-R-T” goal would be “In the next 6 months, Karen will determine if she is interested in focusing on pediatric audiology. She will set up meetings with several pediatric audiologists within the community to discuss their different roles within pediatric audiology. Further, she will develop a clinical notebook of evidence-based protocols that can be used with the infant population.” In this goal, there is little ambiguity which enables the student to develop several different skills (interpersonal, time management, clinical, etc), and to develop an area that is of interest to the mentee (Rall & Bruner, 2006).

Conclusions

From the review of the literature, there are many different titles, such as clinical supervisor, preceptor, and mentor, which sometimes are used interchangeably. However, one should be cautious in doing so because mentoring and clinical supervision/preceptorship represent different types of relationships. Moreover, there is literature that suggests benefits from a mentoring program in addition to clinical supervision/preceptorship. Given the positive aspects of a mentoring program, it seems that we should provide more time and attention to developing mentoring programs that will offer clinicians additional opportunities to achieve their potential. Each individual facility would need to consider the best avenue for developing and implementing a mentoring program for its employees. ASHA offers two programs that seek to develop mentoring relationships. Although these two programs are not designed for face-to-face mentoring, they do offer a creative way to provide mentoring in a fast-paced, tech-savvy world. Considering the benefits reported in the literature, mentoring programs are a viable option in the development of competent clinicians.

References


