Being a Residency Mentor with ATI

What is a Mentor?

It is not TEACHING or INSTRUCTION

Not the one way transfer of knowledge from sage to novice

"A collegial personal relationship meant to instill reflective practices in order to maximize experiential learning"

Dreyfus Model of Skill Development

Novice	Advanced Beginner	Competent	Proficient	Expert
We All Start Here		Experience Should Get You Here		Experience and Reflection Can Get You Here

Dreyfus Model of Skill Development

Novice	Advanced Beginner	Competent	Proficient	Expert
Rule Driven	Begins to determine relevant information	Emotion improves level of responsibility	Clinical problem seems intuitive	Open to notice the unexpected
Analytical (Type II) Thinking	Analytical thinking	Clinical reasoning more pattern recognition	Comfortable with evolving situation	Perceptive in realizing what didn't fit a pattern
Unable to prioritize information	Can generalize information	Sees big picture	Can live with inherit ambiguity	

Entry Level Residency Goal Residency Can Help You Get Here

Student vs. Resident

Clinical Instructor vs. Mentor

Have You Ever Been on the Receiving End

-Told and shown

-Non-collaborative

-Assumed never asked

-Undercut

-Belittled

-Undermined

-Not valued

Goals

CI

- Don't hurt people
- Learn to function as a professional

Mentor

- Instill reflective and metacognitive tendencies
- Reinforce humility and curiosity
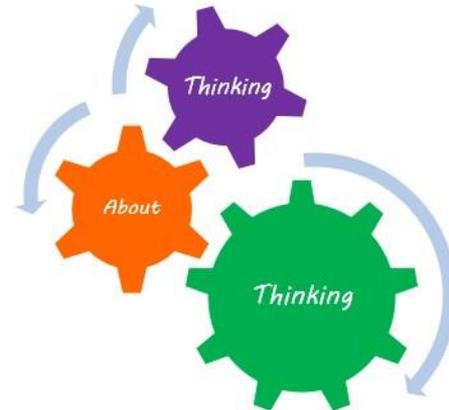
Mentor vs. Clinical Instructor

Mentors seek to:

- Build mentees critical thinking abilities in a specialty or sub-specialty

  - Primary

    - Developing reflective practices

  - Secondary

    - Preparing the mentee to use evidence that are tailored to patient's values and expectations

    - Providing ongoing assessment to appraise progress

What This Looks Like in Action

	CI	Mentor
Preparation	Instructs on the plan for a patient looking for input	Has the mentee construct the plan inquiring for patient presentation (better, worse, same) and asking for defense of selections and specifics for progressions
Introduction	Recognized as the licensed provider	Colleague who is observing, working together
Observation	Observing for safety, treating as a team, feedback throughout session collaboratively with patient	Most conversation occurs before and after or off to side during transitions. Building the mentee up as the expert and not undermining due to the level of questioning needed
Questions	"What does that test tell you"	"Why did you select that test" and "what impact did that information have on your next decision"
Subjective/ Objective	Participates, cueing when needed	Often has to bite tongue, resist urge to jump in, however have resident reflect on the cost of missed information
Treatment	Instruct on progression, psychomotor execution in real time	Should have spoken to progressions in prep, cleaning up of psychomotor or decisions can be done in real time or often best held until debrief
Debrief	Positive feedback, planned changes for next visit	Reflection, what could have gone better, what worked well/not as well, what would you have done different, how would you recognize that better next time
Team Collaboration	Introductory, parts to whole, present one aspect of case	Strongly pushed, get in front of them, own the patient and secure hand offs

Structuring the Mentor Session

Generally 4 hours in duration

- First 30-60 minutes preparation
    - Mentee introducing the patient history, progression, and plan
    - Defense of decisions and collaboration
- Patient care
    - Ad hoc debriefings during and between patients
- Debrief
    - Actionable plan moving forward
    - Reflection

Sheets and Responsibilities

- It is the mentees responsibility to be prepared, fill out sheets as expected, and present the patients
    - Set expectations early
    - Patients seen during the session vs. other challenging cases

- Plan each session as if it was the only one they will have in the program

- If it is a special circumstance where the mentor is more familiar with the patient there is still an expectation of preparation by the mentee and grounds for questions, not the mentor just doing a narrative

Communicating with Mentees During Supervision

In the presence of a patient, communication exclusively between the mentor and mentee should:

- Be kept to a minimum, using as few words as possible
- Be kept at a low volume to convey it is a quick piece of information shared between mentor and mentee
- Avoid disrupting the rapport building that has taken place between the patient and the mentee
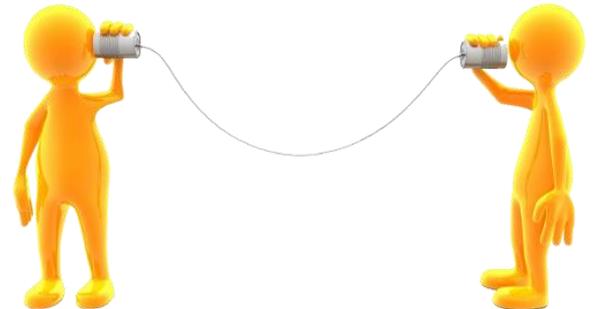
Addressing Patient Care Issues

Safety Issues

Handle in moment, obligation to step in

Inaccurate or Insufficient Questioning

Hint or step in if could be safety issue, otherwise coach on back end through reflection of what influence it would have had

Poor Handling or Technique Performance

If could be safety, determination of teachable moment vs can be corrected later without undermining

Poor Patient Service

Reflection post unless need to salvage future care and consideration

Reflective Questioning

Mentoring NOT Teaching

- Is there data that was ignored?
- What about the situation was surprising?
- What is being assumed that might not be true?
- Was there premature closure?
- How might prior experience be affecting the response?
- Is there another way to look at this story or the patient presentation?
- What would a trusted peer say about how the management this patient?
- What further structures need to be examined on the next visit?
- What further questions need to be asked?
- What referrals are needed?
- What is the prognosis? Associated negative or positive factors?
- What literature is needed before the next visit?
- What will the action be if the patient comes back better? worse? same?

Key Responses to Encourage and Facilitate

- Let's explore this
- Let's think this through
- Now let's consider all the possibilities
- Show me how you came to that decision
- Walk me though your thinking about this
- That is one opinion, let's explore some others
- What are some good possible outcomes of this approach?
- That's a good thought.. Let's expand on it
- Let's consider some alternatives
- Let's figure this out
- Tell me about what you have learnt so far
- Great question!
- Where would you find the answer to that?
- Let's try that one again

- Why don't you lead us through that process
- Good try… have another go
- Now that you've worked through that out let's try…
- OK, you are right on track. Let's try something a little more challenging now
- Have you considered what could happen if…
- That is correct in this situation and for this person but what if…
- What do you think about…
- How do you know that to be true?
- On what do you base your answer?

(Rubenfield and Scheffer, 2006)

Structuring the Experience

- Where is the learner at
- What are their goals for the relationship
- What are my goals for the relationship
- How much do time we have
- What are the short term benchmarks to demonstrate progression

Qualities of a Great Mentor and Building Rapport

Mentors Responsibilities

- Facilitating the relationship with the mentee
- Ensuring the quality of patient service is maintained
- Setting expectations that are appropriate to the learners stage of development
- Communicating observations about the mentee's progress and challenges with the mentee, the program director, and other faculty members

Qualities of a Good Mentor

- Mentor demonstrates good self-reflection
- Mentor takes ownership of the success of the mentee
- Mentor recognizes that his or her relationship with the mentee is a key educational tool
- Mentor demonstrates generativity

Mentor Reflections

- Did I meet the needs of the learner?
- Am I intervening too often or too little?
- Am I providing clear feedback?
- What can I do to make the learner more comfortable with the teaching and learning process?
- Am I creating a collaborative learning environment?
- Did I consider what background information the learner brought to the session?