NEVER ASSUME!
MENTORING THE
CONNECTIONS BETWEEN
THEORY AND PRACTICE

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Disclosure Statement

We have no financial or nonfinancial interest in any organization whose products or services are described, reviewed, evaluated or compared in the presentation.
Learning Outcomes

At the end of this presentation, attendees will be able to:

1. Describe the roles and responsibilities of a mentoring speech-language pathologist.

2. Explain how a mentoring speech-language pathologist can guide other professionals in the use of evidence-based practice in therapy.

3. Explain at least two methods that a mentor can use to provide valuable feedback to mentees.
Introduction

Mentoring-Video Example

- “The Office”
- Is this mentoring???
Past, Present, and Future of Our Profession

Past

- We have all been mentees at one time or another.
- Our experiences as mentees helped to shape us.
- Our mentee experiences may have been positive, negative or a combination of both.
- Our experiences help us to mentor others.
Past

The term “mentor” has its roots in Greek mythology when Odysseus was called to engage in the Trojan War on the same day his son “Telemachus was born.

His friend Mentor was appointed to guide the development of his son.

This 30 year relationship was based on affection and trust in which Mentor taught, counseled and coached Telemachus set the standard for modern day mentoring relationships.
Past…

As part of being human, we all have had a past as mentees in our experiences as:
Children, friends, students, spouses, employers

Our understanding of mentoring has often been formed by our relationships as a mentee to a mentor!
Definition of Mentoring?

One word that defines mentoring?
Definition of Mentoring

“A Mentor is often said to be a trusted friend, counselor, or teacher, who provides advice to less experienced individuals… **A Mentor is more than that!** A Mentor is a person who accompanies and provides continuing care for an individual along life’s journey”

Thus… Mentoring is a Cycle of Caring.

Delores Battle, 2007
Past ASHA president and mentor
Additionally…

Ray Kent (September, 2006) additionally defined mentoring as:

“Advisor, tutor, master, sponsor, model, coach- the six roles performed by a mentor.”
Therefore…

Mentoring can be defined as a cycle of caring in which an individual acts as a trusted friend, counselor or teacher to advise, tutor, master, sponsor, model, coach, guide and encourage someone as they prepare for a role in life.

For our purpose today that preparation is for a professional career in the fields of speech-language pathology/audiology – The Present.
Present

In our roles as mentors we not only enrich the lives of those we mentor, we enrich our lives as well …

We contribute to our professional lives and profession by giving and receiving the benefits of mentoring.
MENTORING IS ALSO A RECIPROCAL RELATIONSHIP!
Invest time in mentorship to build the future!...

Yours + Mine = Ours

The Professions of Speech-Language Pathology and Audiology
Future

• Realize the extent of the impact we have as mentors

• It only takes one incident to change a mentee’s life

• Think back to who you now can appreciate as your mentors
  • Past experiences can shape our present impact as we look to the future of our profession
The Future—Leaving our professions in the hands of ....

HIGHLY

PROFESSIONALS  <->  QUALIFIED
Mentoring Process

• Think again about the example in the video—how would you change that dialogue?

• What are some of the important topics to cover in the initial conversation between the mentor/mentee?
Mentoring is a Process!

- Do not make assumptions about the mentee’s knowledge/training
  - Mentors can not assume they know the level of competence, confidence or independence of the mentee.

- Begin the process by considering both the mentees and the mentors perspectives in the mentoring relationship.
Questions?

Mentors need to ask and answer the following questions in order to establish **factual** information about mentees:

- Who do we mentor?
- Where does each of us come from?
- What does the mentee believe?
- When are we ready to mentor?
- Why do we mentor?
- How do we ensure standards are met?
Who do we mentor?
Leading the Next Generation

David Burkus’s Six Suggestions for Working with Millennials:

1. Provide growth opportunities
2. Create meaningful experiences
3. Establish MENTORING relationships
4. Respect their contribution
5. Give copious feedback
6. Separate presence from activity

Where does each of us come from?
What does the mentee believe?
When are we ready to mentor?
Why do we mentor?
How do we ensure standards are met?
What is Mentoring?

Mentoring is a shared process through which an individual is accompanied (not lead) through knowledge, skills, information and perspective to foster both personal and professional growth.

ASHA’s Mentoring Manual “the ASHA Gathering Place” states “the power of mentoring is that it creates a one-of-a-kind opportunities for collaboration, goal achievement, and problem solving.
How is the process of Mentoring achieved?

The process will include informal and formal processes.

Informal mentoring is what most people think of when they think of mentoring. It is thought of as:

- Spontaneous and casual
- A senior takes a junior under his/her wing
- Long term guidance and counsel
Mentoring process continued…

Formal mentoring is:

- Structured
- Mentee is proactively supported by the mentor
- Specific goals are to be met
- Typically provided one-one
Roles and Responsibilities of a Mentor

Primary role of a mentor is to guide and support by:

- Coaching and advising
- Encouraging and supporting
- Acting as a resource person
- Champion
- Devil’s advocate
Coaching and Advising

-The mentor should give advice and guidance, share ideas, and provide meaningful feedback about performance strengths and weaknesses.

-Feedback should include:
  Discussion and goal setting to assist the mentee in developing required skills.
Feedback from Mentors

• Self-reflection
• Open dialogue
• Challenges of providing feedback
• Setting the stage for a positive experience
• Opportunities for advocacy and meeting goals
Feedback

• Good feedback is a gift and should be given for a good reason
• It should be meaningful, specific and descriptive
• Relevant and about behavior that can be changed
• Provided at appropriate time and to allow for discussion
• Allow time to for the mentee’s perspective
• It should be both positive and negative-constructive
Reasons to Try “Feedforward” instead of Feedback

“Feedforward” implies:

• Moving the mentee forward as the past can not be changed
• More productive to help mentee be “right” rather than prove they were “wrong”
• Implies success by providing ideas aimed at achieving the mentees goals as successful people see themselves with a positive image!
• It is less likely to be taken personally as it is focused on performance not the person
• Focuses on change and improvement

(Goldsmith, Marshall. Leader to Leader, Summer, 2002)
Finally, the Mentor should always provide meaningful methods of feedback/”feedforward” through formal evaluations that allow for self reflection, self-rating and performance review.

• Clinical Fellowship Skills Inventory can be used as a self evaluation tool for the mentee as well as the mentor’s tool.

• The Professional Performance Review Process (PPRP) for the School-Based SLP also provides opportunities for meaningful feedback
ASHA’s Position Statement on Performance Review

- Review instruments should assess the clinical skills unique to the profession
- Professional reviews should be conducted by ASHA certified professionals or include a process of
  - Peer evaluation
  - Self evaluation

or include a process of
PPRP for School-Based SLPs

- Promote professional growth
- Provide a system of accountability
- Promote quality assurance
- Promote professional development
- Promote performance improvement
- Allow opportunities for feedback
- Promote rejuvenation and renewal

Access it from:
Empowerment through Feedback

- Use of a tool such as the SLPCF Report and Rating Form or PPRP:
  - Expectations for the individual’s performance
  - Meaningful feedback
  - Defines the responsibilities
  - SLP takes ownership of the review process
  - Provides intrinsic motivation to learn
  - Promotes collaborative problem-solving and joint communication
Collaborate to Create a Vision for Growth

- Be willing to listen and understand other viewpoints
- Be willing to incorporate other points of view
- Continually reflect on the process
- Keep an outcome in mind
- Be able to adapt to potential roadblocks
- Stay true to your profession & stay positive!
Responsibilities of a mentor…

Encouraging and supporting

- Act as a sounding board for ideas and concerns and provide insights for possible opportunities.

- Provide support on personal issues
Responsibilities of a mentor…

Acting as a resource person

Identify resources to enhance the mentees' knowledge and skills, and personal and professional growth. Expand the mentee’s network of professional contacts and resource information.
Responsibilities of a mentor…

Champion
- Serve as an advocate for your mentee when an opportunity or situation arises

- Seek opportunities for your mentee to have increased visibility
The Last Responsibilities of a mentor…

Is Devil’s Advocate!

Whenever possible play the devil’s advocate to enable the mentee to think through problems, important decisions and developing strategies.
Things you should never say to a mentee...
Mentors Should Know…

ASHA provides the following:

• Roles and Responsibilities of individuals who mentor in the following documents:
  • Information for Clinical Fellowship Mentoring
  • The ASHA Code of Ethics
  • ASHA’s Certification and Membership Handbooks
  • ASHA 2005 Certification Standards
  • State specific licensure and mentoring websites via links
Do you know the current standards?

- The clinical fellowship experience must total no less than _______ hours accumulated within ____ months of initiation.
- Full-time is equivalent to ____ hours per week for a total of ____ weeks.
- ___ or more hours per week can be counted towards your CF completion.
- _____ percent of the CF’s major responsibilities must be in direct clinical activities throughout the CF experience.
- The SLPCF Report and Rating Form must be completed by both the __________________and the __________________and submitted upon completion of the CF experience.
ASHA’s Current Standards

Are you using ASHA’s current Standards for Certification?
Two important changes occurred in the 2005 standards!

CF vs. CFY

CF Mentor vs. CF Supervisor
ASHA’s CF Experience Requirements

• Complete at least three formal evaluations of the clinical performance using the CFSI (Clinical Fellowship Skills Inventory)
• Conduct at least 18 hours of direct supervision, 6 per segment
• Conduct at least 18 hours of other monitoring activities, 6 per segment
• Establish outcomes and performance levels to be achieved during the CF experience
Find information about the Clinical Fellowship, ASHA Standards, etc. at the sites below:

www.asha.org/certification/slp_standards.htm

www.asha.org/certification/clinical-fellowship.htm
State-Specific Requirements

- Number of direct contact hours?
- Length of CF experience?
- Minimum number of work hours?
- Maximum number of months to complete CF experience?
- Double-check and compare to ASHA’s Standards

www.asha.org/advocacy/state
# State-Specific Requirements

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| -Minimum of 6 hours onsite and 6 hours of other monitoring per segment of the Clinical Fellowship  
-Full time experience is a minimum of 35 hours per week  
-SLPCF and CF Mentor complete the SLPCF Report and Rating Form to submit to ASHA at the end of the mentored experience | -Minimum of 8 hours per month of direct supervision  
-Full time experience is a minimum of 30 hours per week  
-RPE includes registering license with a supervisor listed and an RPE Verification is submitted upon completion  
-Supervisors (Mentors) required to acquire professional development hours specifically in the area of supervision |
Other considerations of our Past, Present and Future…

Mentors must directly address Evidence-Based Practice (EBP) with mentees. Mentees must understand how:

- EBP from the past and present will influence the practice of the future.
- EBP is a process that includes the application of theoretical and historical information, research and application of rigorous and systematic procedures that have been shown to work.
EBP

- Translating experience, training, and theory into different work settings
EBP...

- Individuals clinicians must collect their own evidence as well as the application of others.
- Data is essential to EBP.
- Mentors must share experiences and their EBP.
- Mentors must facilitate the mentee’s ability to translate and connect training and theory to various settings.
Conclusions

- The Mentoring Cycle is essential to our future and ensures the fidelity of the future of our profession!

- As a Mentor you will experience “Mentoring is a continuing cycle of care throughout life’s journey. It is also one of the greatest responsibilities and joys of professional life!
  - Delores Battle, Past ASHA President, 2007
Final thoughts

• ~Mentoring is a brain to pick, an ear to listen, and a push in the right direction. ~
  John Crosby

• ~ We make a living by what we get, we make a life by what we give. ~
  Winston Churchill

• ~ Be the change you want to see in the world. ~
  Gandhi

• ~ I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. ~
  Maya Angelou