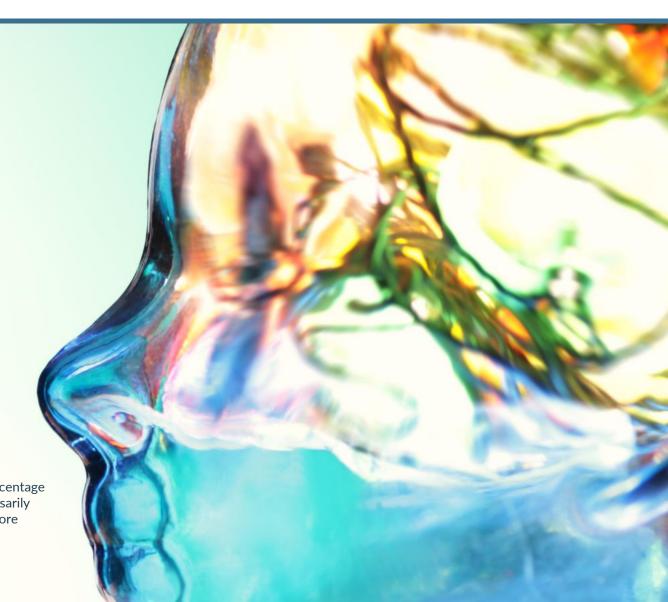




Coaching and Mentoring

June 13, 2023 | 1-2 PM ET

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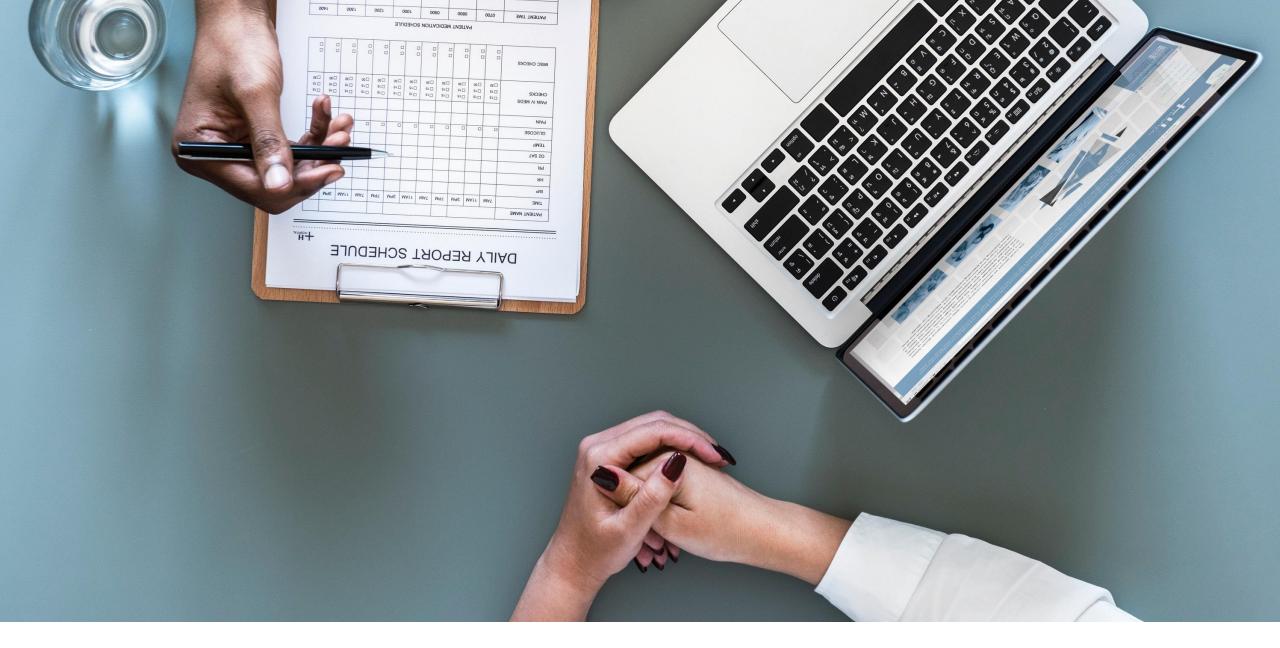
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WEBINAR HOUSEKEEPING





- This session is being recorded. The recording and slide deck will be shared with registrants via email.
- Use the chat box to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the evaluation after the session.



COACHING & MENTORING

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National Training and Technical Assistance Partners Clinical Workforce Development

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Objectives

- Discuss how organizational structure, leadership (both formal and informal) impact professional development and mentoring relationships
- Discuss how to support leaders and the challenges associated with coaching and mentoring staff
- Identify support for staff on how to best utilize their mentor relationship as a mentee
- Use CHC as a case study to understand organizational and leadership structure, as well as general strategies to support recruitment/retention



Professional Development



- What is it?
 - Professional development involves a self-reflection process to help you to develop a roadmap so that you can achieve your professional goals.
 - It includes many iterative steps:
 - Learning
 - Mentoring
 - Consultation
 - Practice
 - Study/improve
 - Reflection
- Why is it important?
- How do you achieve it in the midst of busy healthcare delivery?
- Question:
 - How is professional development built in (or not built in) to your yearly appraisal process?





Performance Appraisal Process

Self-evaluation —employees are often asked to conduct a "self-evaluation" prior to their annual review. So, how do you appraise yourself?

Start off by thinking critically:

- What are your strengths, and what have you done well?
- Next, balance this with areas in which you think you can improve.

Consider feedback from supervisors and co-workers

Train managers to work with staff to develop an action plan

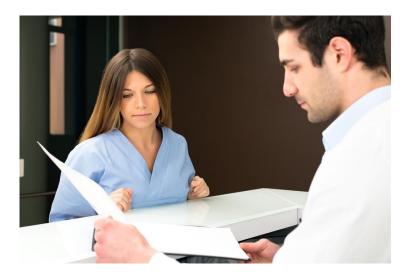




Accepting Feedback



- This is incredibly challenging for many staff
- Create an environment where the expectation is that staff will ask for feedback — remind them to not wait until their annual review, but they should make it a habit to check in with their supervisor and coworkers regularly.
- Share specific professional development standards within your organization:



• Examples:

- Asking for regular feedback let's people know that you are interested in improving, and allows for "bite-sized" feedback that may feel easier to act on.
- Receiving and applying feedback is a routine expectation of being a staff member at your organization.
- Remember, don't just ask the "easy" people for feedback. Asking those that are more evenhanded in their feedback are likely to lead you to greater growth.
- Use the following paradigm for feedback: Listen fully. Ask questions. Respond. Remember, there is no requirement that you respond right away. Ask for time to process if needed, but schedule your next touchpoint.





Organizational Structure & Formal vs. Informal Leaders

- What does organizational structure have to do with your team-based model?
- How does it impact the culture of your organization?
- What is a formal leader?
- What is an informal leader?
- Do your staff think they influence people even if they do not have specific authority to do so?





Examples of Informal Leaders

- Super-user for your EHR
- Extra training and expertise in a specific area (such as smoking cessation or diabetes care)
- Taking an active role in your clinic's quality improvement work
- Taking an active role in pre-visit planning
- Being someone in the practice who is willing to take on responsibilities and help out where needed
- Being someone who is reliable to follow through on tasks and responsibilities





Leadership Competency: Modeling

Explore with your leaders and/or team:

- How does one "model" behavior?
- Can both negative and positive behavior be modeled?
- Why is it important for leaders to be a role-model?
- Why is it important for every employee to desire to be a role-model?
- How do we experience modeling--and either integrate the modeled behavior or reject it if necessary?





Leadership Competency: Mentoring

Explore with your leaders and/or team:

- What is mentoring?
- What mentoring is NOT...
- Why is it important—particularly in the workplace?
- How does it benefit the mentee?
- How does it benefit the mentor?
- How does it benefit the team?
- How does it benefit the patient?

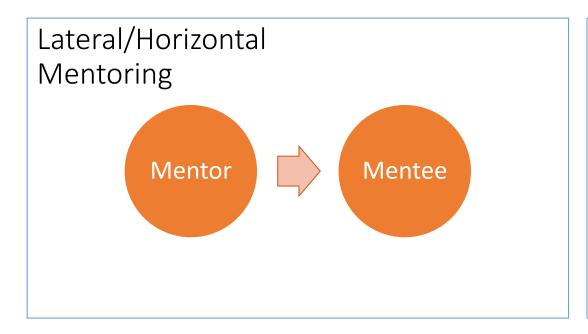


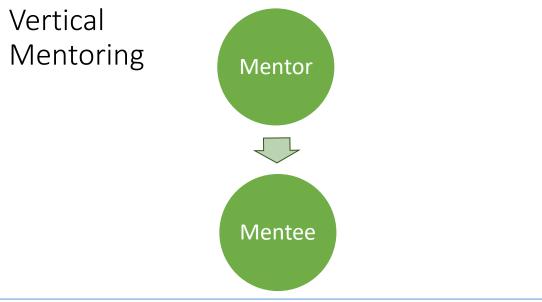


Leadership Competency: Mentoring

Lateral/Horizontal Mentoring vs. Vertical Mentoring:

- How are each valuable?
- How can each be challenging?









Mentor/Mentee Agreement

- How do we coach staff to use their mentors?
- What is a mentor for? Not for?
- Mentor/Mentee Agreement
 - What's the purpose of this relationship?
 - What are we hoping for? Working towards?
 - What do we both bring to the table to accomplish and achieve this outcome?





Professional Development Roadmap

When developing a professional development roadmap consider:

- Short-term goals (1 yr)
- Mid-term goals (2-3 yrs)
- Long-term goals (3-5 yrs)
- What do you hope to achieve?
 - New skills/competencies?
 - What resources are needed to accomplish this?
- Question:
 - Does your organization have a ladder program?

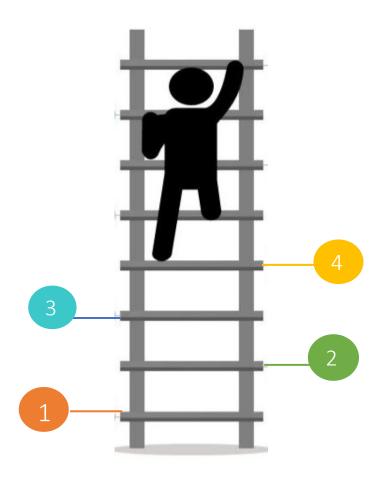


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CHC Ladder Program Example Ladder

MOSES/WEITZMAN Health System



- Overseeing CLIA lab/log books
 Training the next generation Career counseling
- 3. Patient education Self-management goals
- Safety
 Quality improvement
 Vaccinations
- Time management & Routine competencies





Traits of Effective Mentors

- Models desired state/attribute
- Curious/Still learning
- Ok with being questioned, or asked to explain rationale
- A good listener
- Creative/Innovative—not risk averse
- Gives actionable feedback (both reinforcing and transformative)
- In a position to share (partner) or give opportunity (elevate)
- Has appropriate professional boundaries, but still able to be vulnerable
- Thinks about the future/Interested in creating a legacy





Traits of Effective Mentees

- Curious/Still learning/observant
- A good listener
- Able to articulate needs
- Creative/Innovative—not risk averse
- Able to take and apply actionable feedback (both reinforcing and transformative)
- In a position to share (partner) or receive opportunity
 - How does work/life balance fit into this?
- Has appropriate professional boundaries, but still able to be vulnerable
- Thinks about the future and sees being an MA as a journey with many steps along the way





Managing Verbal Culture

- How does your organization talk about staff?
 - Example: Do you emphasize the provider retention aspects to why MAs must do certain work, or do you emphasize the value of the MA completing certain work?
- How does your organization manage challenges or failures? (particularly when QI efforts are built on using patterns of failures to recognize/identify/isolate a best practice)
 - Example: Do you proactively train that failure is date/information? Or is there a punitive response? Does it bring the team together, or does it devolve into finger-pointing?
- How does your organization invest in the future of its staff?
 - Example: Is there an obvious ladder program or opportunity to advance? Are there
 opportunities to try new things? Do you routinely ask staff to reflect on their hopes and dreams
 for the future—even if it has nothing to do with their job?





Summary

- Professional development is important, creating opportunities for staff to develop into leaders both informal and formal.
- Organizational culture, leadership style, and verbal culture are all important elements to building effective mentoring relationships among staff.
- Building a culture where staff feel they can be safe and supported to dream big dreams for themselves and their families are often times where staff plan to stay and grow.



INCLUSIVE MENTORING

Supporting Mentees who Identify with Underrepresented Groups





Lack of representation impacts work culture. Mentors who share racial/ethnic, gender, and other identities may be able to better understand and help mentees address workplace experiences such as:

- White, heteronormative workplace culture and professional expectations
- Overt discrimination by colleagues, administrators, and patients
- Microaggressions
- Devaluation of contributions, merit, and skillset by colleagues and administrators
- The burden of representing all populations who share an identity
- The continuous and disproportionate requests to serve on committees, task forces, and workgroups to increase diversity in representation

Bath, E. P., Brown, K., Harris, C., Guerrero, A., Kozman, D., Flippen, C. C., 2nd, Garraway, I., Watson, K., Holly, L., Godoy, S. M., Norris, K., & Wyatt, G. (2022). For us by us: Instituting mentorship models that credit minoritized medical faculty expertise and lived experience. Frontiers in medicine, 9, 966193. https://doi.org/10.3389/fmed.2022.966193

Diversity in Mentorship Programs





- A study of urology students found that the majority of Black and Latine students prefer mentors who share their racial/ethnic identity.¹
- Findings from focus groups found that Black, Latine, and female residents actively sought out mentors of the same race/ethnicity and gender but expressed difficulty finding such mentors.²
- The lack of racial/ethnic concordance was perceived as an obstacle for minoritized mentees, requiring explanation of the context and nuances of their perspectives and situations to non-minority mentors²

^{1.} Penaloza, N. G., E Zaila Ardines, K., Does, S., Washington, S. L., 3rd, Tandel, M. D., Braddock, C. H., 3rd, Downs, T. M., Saigal, C., & Ghanney Simons, E. C. (2023). Someone Like Me: An Examination of the Importance of Race-Concordant Mentorship in Urology. Urology, 171, 41–48. https://doi.org/10.1016/j.urology.2022.08.059

^{2.} Yehia, B. R., Cronholm, P. F., Wilson, N., Palmer, S. C., Sisson, S. D., Guilliames, C. E., Poll-Hunter, N. I., & Sánchez, J. P. (2014). Mentorship and pursuit of academic medicine careers: a mixed methods study of residents from diverse backgrounds. *BMC medical education*, *14*, 26. https://doi.org/10.1186/1472-6920-14-26

Representation Among Diagnosing and Treating Practitioners





Table 3. Health Workforce Diversity Index for the 2019 Health Care Workforce and Educational Pipelin
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	White			Black			Hispanic			Native American		
Occupation	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c
Advanced practice registered nurse	1.31	1.17	-0.14	0.61	1.03	0.42	0.30	0.53	0.23	0.56	0.70	0.14
Dentist	1.13	1.04	-0.10	0.36	0.36	0.00	0.31	0.46	0.15	0.09	0.40	0.30
Pharmacist	1.08	0.98	-0.10	0.62	0.70	0.07	0.20	0.31	0.10	0.31	0.53	0.21
Physician	1.03	1.09	0.06	0.43	0.43	0.00	0.38	0.40	0.02	0.19	0.51	0.32
Physician assistant	1.26	1.42	0.16	0.37	0.23	-0.14	0.40	0.37	-0.03	0.94	0.48	-0.47
Occupational therapist	1.33	1.44	0.10	0.50	0.31	-0.20	0.29	0.36	0.07	0.30	0.24	-0.06
Physical therapist	1.27	1.40	0.13	0.28	0.23	-0.04	0.18	0.33	0.15	0.04	0.36	0.32
Respiratory therapist	1.10	1.00	-0.10	0.94	0.97	0.03	0.60	0.89	0.30	1.64	1.05	-0.59
Speech-language pathologist	1.39	1.45	0.06	0.39	0.28	-0.11	0.35	0.50	0.14	0.96	0.54	-0.42
Registered nurse	1.14	1.20	0.06	0.94	0.82	-0.11	0.43	0.64	0.21	0.65	0.81	0.17

From: Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. JAMA Netw Open. 2021;4(3):e213789. doi:10.1001/jamanetworkopen.2021.3789

Diversity in Mentorship Programs





While representation is ideal, mentorship programs can still be effective when mentees and mentors do not share an identity ¹

Inclusive mentoring²:

- Culturally responsive (and humble)
- Equity-centered
- Individualized

Sources:

- 1. Bonifacino, E., Ufomata, E. O., Farkas, A. H., Turner, R., & Corbelli, J. A. (2021). Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review. Journal of general internal medicine, 36(4), 1023–1034. https://doi.org/10.1007/s11606-020-06478-7
- 2. Bath, E. P., Brown, K., Harris, C., Guerrero, A., Kozman, D., Flippen, C. C., 2nd, Garraway, I., Watson, K., Holly, L., Godoy, S. M., Norris, K., & Wyatt, G. (2022). For us by us: Instituting mentorship models that credit minoritized medical faculty expertise and lived experience. Frontiers in medicine, 9, 966193. https://doi.org/10.3389/fmed.2022.966193

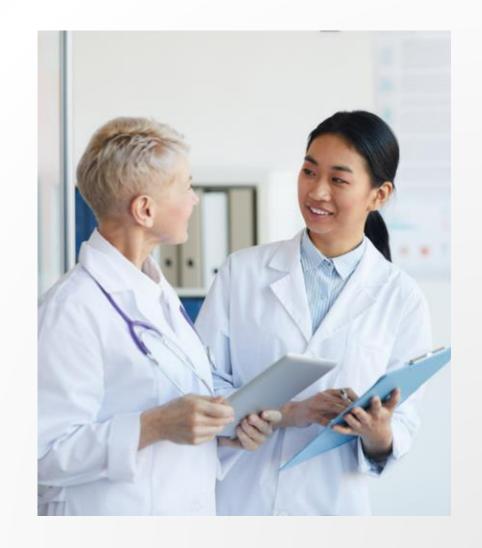
Culturally Responsive and Humble





Embrace cultural humility and reciprocal learning

- Active listening and reciprocal learning identify mentee perspectives, values, and motivators (check assumptions)
- Mentor self-reflection Mentors should consider the power and privilege in the mentor/mentee relationship and how their values, beliefs, and lived experiences contribute to day-to-day decisions and actions

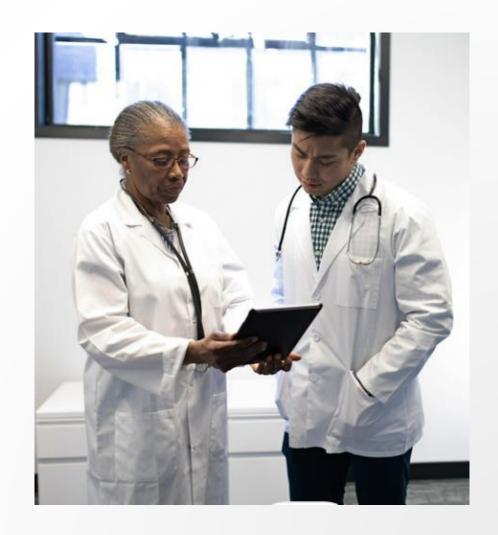


Equity-Centered





- Understand how institutional inequities impact your mentee's professional needs
- Offer a balance of mentorship support:
 - instrumental (training and technical skills)
 - sponsorship (advocacy and professional connections)
 - psychological (encouragement)

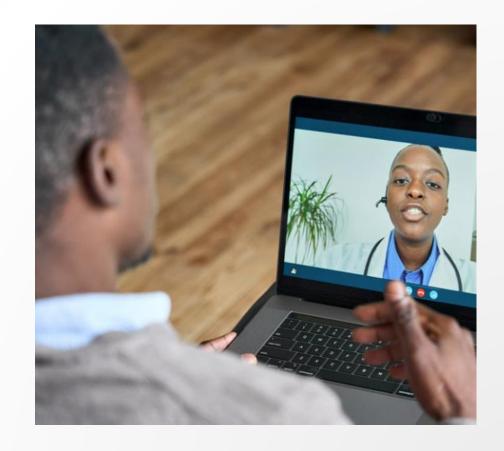


Individualized





- Understand gaps in your ability to support mentees and identify alternative sources of support
 - Group or distant mentoring options to connect mentees with a group of mentors who are skilled in different domains
- Identify opportunities to support diverse physical, developmental, and cognitive abilities



QUESTIONS





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