**MENTORSHIP IN PHYSIOTHERAPY IN NIGERIA: A BASIS FOR REPOSITIONING**

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***Abstract****: Mentoring can be implemented in all sectors of the profession including clinical practice, education, management and research as well as with other professional groups and at all levels of grade. Clinical mentoring of physical therapists is a continual learning experience that must be provided on an ongoing basis throughout the duration of cinical practice. It is focused on patient/client management and includes screening, examination, evaluation, diagnosis, prognosis, plan of care, procedural interventions, educational interventions, documentation, outcome assessment, ﬁnancial resources, direction and supervision of personnel. The benefits derived by the mentor and mentee are immense if implemented in accordance with a deep understanding of the mentoring process. The mentoring process needs to be based on intelligent reading of situations and action by the mentor and mentee for a successful relationship. Each mentoring connection is unique, therefore each person enters the relationship and process with his/her own values and expectations. Mentoring practices are an effective way of supporting and fostering development throughout the duration of the undergraduate physiotherapy programme, and professional and career development of physiotherapists. This article reviews the repositioning of mentorship and its importance for implementation in physiotherapy, for training and physiotherapy professional growth.*

***Key words****:* Mentorship, physiotherapy and repositioning*.*

**Introduction**

Mentoring can be a valuable support mechanism, focusing on growth and development in the broadest context and can form part of continuing professional development (CPD) as an experienced mentor can encourage and guide the less experienced individual to devise strategies to meet personal and professional growth. Mentoring has diverse meanings depending on the context, experience and professional starting point of individuals. A mentor is a wise and trusted counselor, suitably experienced, usually travelled the mentee’s path, acts as a confidential adviser and guide, and stimulates professional development (Fleming, House & Hanson, 2013). Physiotherapy as a medical profession involves developing a relationship with others (young physiotherapy professionals) which aims to help them grow and develop, particularly on clinical practice and/or clinical education and therefore indicating relevance of mentoring in physiotherapy practice development. Mentoring can take place in both formal and informal ways through mentoring schemes and systems. Mentoring can be implemented in all sectors of the profession e.g. clinical practice, education, management and research as well as with other professional groups and at all levels of grade (Chartered Society of Physiotherapy, 2003). There is no definitive consensus regarding the definition of mentoring but researches highlight that mentorship is a key component of professional development in any profession. A key challenge for the allied health professions is to evolve organizational models which preserve attributes valued by the professions.

Physiotherapy educators must be responsive to societal changes and modify curricular approaches to better prepare students to work effectively as an interdisciplinary team (Glass & Walter, 2000). In physiotherapy, mentoring with regard to practice, education and research will help to ensure the growth and future of the profession. Maudsley and Strivens (2000) advocated that experiential learning facilitates higher order thinking and problem-solving. Mentoring, if implemented with this understanding, would facilitate learning in physiotherapy. It is an important mode of professional development where the underlying assumption is that a more experienced colleague can facilitate the professional development of a younger colleague (Bush & Coleman, 2004). This can have a positive impact on the quality of physiotherapy service and our future as a profession. Mentoring students, especially those entering the physiotherapy programme, may be an effective means of achieving the outcomes of the undergraduate physiotherapy programme. Mentoring of staff and staff development programmes should be supported for personal and career development.

As mentoring continues to be the foundation of residency and fellowship education of physical therapists, it should not be confused with supervising, advising, career counseling, shadowing, or coaching. Mentoring is workplace learning and must occur within that environment (institutional proximity and primarily direct, face-to-face contact with or without the patient present ) to facilitate advanced patient/client management decision-making and however could be modified as the profession of physical therapy progresses (Sambunjak & Marusic, 2009). Clinical mentoring of physical therapists is a continual learning experience that must be provided on an ongoing basis throughout the duration of clinical practice. It is focused on patient/ client management and includes screening, examination, evaluation, diagnosis, prognosis, plan of care, procedural interventions, educational interventions, documentation, outcome assessment, ﬁnancial resources, direction and supervision of personnel. It takes place before, during, and after a patient/client encounter involving the mentor, mentee, and patient (Ezzat & Maly, 2012). Mentoring is provided at a post-licensure level of specialty practice (for residents) or a subspecialty practice level (for fellows), with emphasis on the development of advanced clinical reasoning skills, as defined by the Description of Advanced Specialty Practice (2008).

**Defining the Difference among Counselling, Mentoring and Coaching**

Counselling is concerned with emotions (I feel) and focuses on how the past influences the present, mentoring is concerned with thinking (I believe) and focuses on how the present can generate strategies and solutions while coaching is concerned with behaviour (I do) and focuses on how to improve future performance. On the other hand, mentoring is also not a clinical supervision that is, a collaborative process between two or more practitioners of the same or different professions which encourages development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice; or clinical/fieldwork education that is, the education and training of students on pre- and post-qualifying programmes; or an appraisal that is, a formal management-led assessment of the quality completion of set professional objectives which is usually done on a 12 monthly basis with additional formal reviews as deemed appropriate. It requires a peer review that is, an evaluation of the clinical reasoning about a patient episode by a peer at a similar clinical level using patient case notes to guide the discussion. Practitioners should select their own peer or peers and the process is carried out informally. Peer review tends to have a narrower professional focus than clinical supervision. However, elements of mentoring skills and techniques may be used during the above processes (Glass & Walter, 2000; Hayward, Canali & Hill, 2005). Furthermore, mentoring has the potential to impact on personal, professional and organisational development. More modern definitions, particularly in relation to CPD, define mentoring as a process, aimed at transferring knowledge and skills and also providing psychological support and assisting in personal development. The process enables more experienced people (the mentors) to nurture and assist in the development of less experienced people (the mentees) where the desired outcome is learning for both partners. Importantly, then, it is to be seen as a relationship of equals that is mutually beneficial. Therefore, mentoring can be described as a protected relationship in which experimentation, exchange and learning can occur or skills, knowledge and insight can be developed (Mumford, 2003).

**Roles and Responsibilities of a Mentor**

A mentor should have several roles and mentor-mentee interactions should ultimately enhance the reflective abilities of both participants. A mentor is concerned with supporting a mentee, challenging ideas in discussion and shaping the way goals are achieved to plan for career development (Coles, 1996; Maudsley & Strivens, 2000). The role is to facilitate, guide, advise and counsel. Ideally, the mentor is not a formal supervisor or line manager in the workplace and there is much discussion in the literature about the appropriateness of the mentor being the line manager (Megginson & Clutterbuck, 1995; Buccieri, Pivko & Olzenak, 2011). The mentor may, but, not necessarily, work within the same organisation as the mentee and is motivated by the desire to influence future generations to promote best practice. Also, mentors have usually followed a similar path to the mentee so can help to define and work through personal and professional issues. They have knowledge about the nature of learning and the helping relationship and their role can be undertaken by individuals outside the mentee’s organisation, if appropriate, and outside of the physiotherapy profession.

The primary responsibilities of a physiotherapy mentor include the following as stipulated by Bush and Coleman (2004):

* rapport building
* suspending judgement
* use of diagnostic frameworks
* assisting with developmental goal setting
* promoting access to learning and achievement
* promoting anti-discriminatory practice
* agreeing the roles and resources required
* advising and supporting individual learners in managing their own learning
* providing feedback
* monitoring and showing sensitivity to feeling

**Recommendations to be a Mentor in Physiotherapy Practice/Education**

In physiotherapy practice, education or research, all mentors are encouraged to meet the following requirements:

* Be a physical therapist who can describe and demonstrate the difference between the various levels of teaching (instruction, collaborative and reflective questioning, etc)
* Be a physical therapist who can provide a structured learning process for the mentee, tailored toward the learner
* Be a physical therapist who has demonstrated experience in academic or clinical teaching of students, peer-to-peer, and/or in in-service education
* Be a physical therapist who can manage multiple sources of information: diagnosis of the patient, educational diagnosis (or ability to identify clinical learning deficits of the resident/fellow), and development of the mentor/ mentee working relationship. All of these components must be directed toward managing the patient and delivering excellent service (Kashiwagi, Varkey & Cook, 2013; Srinivasan, Li & Meyers, 2011).

**Qualities of a Physiotherapy Mentor**

The importance of the personal qualities of the physiotherapy mentor is emphasized as the mentor supports, enables and empowers the mentee; this is fundamental to effective CPD and to the mentee becoming an independent learner. There is a focus on the behaviours, attitudes, values and feelings. Emotional literacy or emotional intelligence is concerned with thinking and feelings and is the ability to understand and deal with emotions and with their consequences. It inserts thinking between the feeling and the action, thus enabling understanding of both. The best choice of a mentor will combine three types of thinking modes (Hay, 1995; Jensen, Gwyer, Hack & Shepard, 2007):

* consideration of opinions and experience from the past
* emotional responses and reactions in the present
* logical consideration of the future impact of decisions.

A successful mentor will have a range of qualities and will develop skills and attributes to enrich the mentoring process. He/she will have the ability to consider different perspectives, will stretch discussions beyond the immediate problem and will help clarify the ideas of the mentee. The following abridged list of qualities is not exhaustive:

* Commitment of energy and time
* Open
* Proactive
* Respectful and deserving of respect
* Accessible
* Supportive
* Non-judgemental
* Trustworthy
* Interested
* Fair and consistent
* Innovative and creative
* Informative
* Ability to give and receive constructive feedback
* Communication skills
* Goal setting skills
* Action planning skills
* Questioning skills
* Negotiating skills
* Motivating skills
* Enabling and empowering skills
* Advising skills
* Listening skills
* Confidence building skills
* Recording skills
* Analytical skills
* Reflective and evaluative skills
* Clinical reasoning skills (Chartered Society of Physiotherapy, 2005; Davis & Nakamura, 2010).

It is when the aforestated qualities are put into proper consideration in mentor-mentee relationship that the goals of mentoring become well implemented and manifest beneficially. The real power of mentoring is the development of insights (Hale, 2000). An effective mentor allows the mentee to make connections between knowledge and personal experience in order to develop insights. Insights are more difficult to define than the development of skills and knowledge as they tend to be more personal. Examples are insight into the values and behaviours of others, understanding of how to work with others. It is believed that the confidential and trusting relationship of mentoring allows open discussion, disclosure and reflection which lead to insights which begin with the mentee, emerge for the mentee, and are facilitated by the mentor.

**Advantages of Mentoring in Physiotherapy**

A mentor helps the mentee create a sense of identity as a member of the profession. The benefits of mentoring apply to both the mentor and mentee as the relationship is a two-way process. There are also benefits to the organization in terms of improved performance, motivation and communication, job satisfaction and retention of staff. The advantages of mentoring in physiotherapy practice are that it could provide the link between formal training and the embedding of new skills and knowledge through practice, helps the mentee create a sense of identity as a member of the profession, would facilitate networking by decreasing professional isolation and the sharing of experiences and would assist in developing common values. Research has demonstrated that mentorship results in student-centred learning, creates dialogue about practice, promotes professional development in the adult mentor, stimulates reflection and results in augmented learning (Hayward, Canali & Hill, 2005). This would yield increased positive clinical outcome, improved skills, refined leadership qualities and improved performance. Dunleavy (2004) advocates that the physiotherapist’s profession grows as specialised clinical skills are acquired, and the less experienced physiotherapist, the patient and thus the profession all gain from the relationship.

The benefits to the mentor in line with the Chartered Society of Physiotherapy (2005) are:

* improved self-esteem
* empowerment
* stimulation and reward
* satisfaction from helping the mentee grow
* development of new skills such as listening, problem-solving, analysis and interpersonal skills
* can be a reciprocal relationship

The benefits to the mentee are, increased:

* professional support
* job satisfaction
* confidence
* access to resources
* networking
* motivation and morale
* self-esteem (Chartered Society of Physiotherapy, 2005)

**Disadvantages of Mentoring in Physiotherapy**

Cultural diversity, insight into student variety, learning styles and the pace of students’ learning has led to changes in the conditions and learning needs of students and staff at tertiary institutions. A successful mentoring relationship requires significant time commitment (Maudsley & Strivens, 2000) and this may present as a disadvantage especially if both have busy schedules. Also, there is possibility of a “mismatch” between mentor and mentee leading to an unsuccessful relationship. Ill-defined roles could complicate the mentoring relationship and process. When goal-setting and definite objectives are not determined at the outset, one or both may fail to see the direction of the other. The mentor’s approach to change could have a negative influence because mentors may have their own theories and may not be amicable to alternatives. The manner in which critique is metered out could negatively influence the mentee’s performance (McCormick & Titus, 1990). This could result in the mentee’s failure to react appropriately to the critique. Additionally, the mentee may accept the mentor’s suggestion and implement change without question and this could stifle the development of the mentee’s ideas, which opposes reflective teaching and learning. The process is difficult and challenging particularly relating to professional regard and the follow-up relationship (Boyce, 1996). Moreover, when a mentor imposes mentorship on a mentee, there is likelihood for a non-smooth relationship to exist. This shows that the choice of a mentor by a mentee should be freely done.

**Mentoring in Physiotherapy Practice**

The development of a mentoring relationship or a mentoring system in physiotherapy requires consideration of the purpose, the contract and the lifecycle of the relationship. Informal mentoring should simply allow the relationship to evolve (Hale, 2000) rather than specifying criteria to match the mentor and mentee which may be necessary for formal mentoring systems. The former should consider the style of the mentor and the mentee and their expectations and similarities in terms of, for example, overall values, beliefs and life-goals. Mumford (2003) concluded that matching based on similar learning styles was more likely to work although he recognised that differences could provide strength in the relationship but needed tolerance. If there is too much similarity, there is a danger of leading to collusion or comfort or a lack of structure in meetings. Thus, mentoring may lead to greater motivation but not necessarily increased performance or development. There is the potential for contrasting styles to lead to learning but also the danger of too much contrast leading to irreconcilable differences (Davis & Nakamura, 2010). The mentoring relationship often develops within the physiotherapy profession as the mentee identifies role models during the early stages of his/her clinical career. However, the mentor may be identified through professional networks, particularly as individuals progress through their career and may be working in professionally isolated settings. Mentors may be identified through, for example, the clinical or occupational interest groups (CIOGs) or from networks developed outside physiotherapy. The relationship can be nurtured through email, telephone contact as well as face-to-face meetings.

There are four stages in the mentoring life cycle:

* establishing rapport
* direction setting
* progress making
* moving on

Within each stage, there are tasks that both the mentor and mentee need to undertake, and different skills that the mentor may need to develop and adopt. By working through these stages, the dynamics of the relationship change and progress. The duration of the relationship can vary from two to three years and should be no more than eight to ten years (Kram, 1995). This does not however negate a life-time mentorship relationship through adoration of a mentee’s model professionally or socially.

**Conclusion**

The mentor-mentee relationship is a learning activity essentially created for the mentee’s benefit, with the mentor functioning as a guiding fellow but not controlling influence on the mentee’s choices and goals. The mentor therefore assumes responsibility for promoting a transactional process of learning, which involves active participation with a mentee as a collaborative partner in learning. This sets the stage for success and could contribute to a long-lasting friendship on either a professional or social basis, or both. Effective mentoring fosters personal and professional development and has the potential to assist both physiotherapy students and graduate professionals through the process of caring, sharing and helping to achieve personal effectiveness, motivation and commitment. Thus, mentoring relationships could facilitate the development of the physiotherapy profession as a whole. Essential skills for physiotherapists can be enhanced to impact the broader environment such as community service, public and private funding sources, institutions of higher education and other bodies associated with physiotherapy, such as the Medical Rehabilitation Therapy Board of Nigeria (MRTBN), Nigeria Association of Sports Science and Medicine (NASSM) and Nigeria Society of Physiotherapy (NSP). Mentoring can have a tremendous effect on practice, education and research by empowering professionals to work individually and with others towards more perceptive and reflective practice. It is when these are assured that the repositioning of the physiotherapy profession towards a more effective and efficient promotive relationship (mentorship) is achieved or guaranteed.

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