Mentoring – A requirement or added bonus in today’s Physical Therapy practice?

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Select Medical Hospital Based OP Division
APTA CSM 2017

Why Mentorship?

• Nurturing process
• Promotes professionalism and personal development
• Promote retention and recruitment
• Keep staff engaged, motivated
• Share best practices

Difference between Coach & Mentor

Coach
• Helps with performance
• Specific skills development
• Set clear & timely goals

Mentor
• Provides guidance
• Helps you discover
• Advises and inspires

“Know Yourself”

Personal Leadership vs. Positional Leadership

• What to expect/not to expect in the mentoring relationship
• Set specific time frame
• Dependent on your goals
• Can be for personal or professional growth

The terms...

• Co-mentor – for specific skills to learn or teach
• Remote mentor – for a fresh perspective; if no close resources
• Invisible mentor – learn by example through observation vs. interaction
Define your own program

New grad/clinician HYBRID Center Manager

Dispel the myths...

- Finding the perfect mentor
- Having a “formal” long term relationship
- Only for young professionals
- Done only by highly experienced people

Some areas of focus...

- To hone character
- Personal capabilities
- Getting results
- Interpersonal skills
- Leading change

Define goals & expectations

- What you want to do/be
- Work-life balance
- What are you doing well/your core strength(s)
- What are you not doing that is a roadblock
- What will you do differently tomorrow to meet the challenges
- Where do you need the most help and where will you get it

Personal Board of Directors

Benefits for Mentors

- Mentee looks up to you
- Asks questions
- Second time around for you to learn
- Keeps you fresh and moving forward
For the Mentee..

• To provide support
• To develop confidence
• Help learn about the organization’s culture
• To promote quality clinical skills and professional growth

For the organization...

• Improve employee engagement
• Enhance recruitment and retention efforts
• Improve performance and productivity
• Provides and encourages clinical advancement

So...Why do it?

• Build a shared passion of learning
• Share in a commitment of success
• Adapt in the changing world of healthcare
• Advance patient care
• Share best practices
• Build skills

Planning to Action

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Program Development

• Program Purpose
• Target group
• Resources required
• Program goals and timeframe
• Mentor/protégé selection process
• Matching process

Program Development

• Roles and responsibilities
• Orientation
• Follow up
• Conflict Resolution
• Program evaluation
• Reporting
Applications

• Protégé Components
  – Informational
  – Force self-reflection
    • They must define the What and the Why
  – Strengths
  – Resources needed
  – Understanding role and expectations

• Mentor Components
  – The Why
  – Reflective
    • Specific areas of expertise
    • Teaching experiences and CI training
  – Strengths
  – Understanding of time and expectations.

Pairings

• Learning objectives
• Skill based
• Locations
• Personalities

Training

• How to be a good mentor/protégé
• How to complete mentorship agreement
• How to conduct a productive mentor session
• Personality
• Communication
• Generational Diversity

Follow up

• Determined time intervals
  – Pair
  – Coordinator
  – Completion

Considerations

• Time for set up
• Not enough mentors
• Not enough protégés
Watch out for Pitfalls

- Pairs are not working well
- Logistical issues
- Operational

History

- 2013 - planning
- 2014 - 6 pairs
- 2015 - 21 pairs
- 2016 – 30 pairs

Getting buy in

- Operational
- Staff
- Identification of potential mentors

Applications and Pairings

- Modified process after annual debrief
- Due 2 weeks following annual PA deadline
- Open up throughout the year
- Changed time for protégé application to 6 months
- CMs within regions
- Pairing is TIME CONSUMING

What does it look like

- Email to pair/RD/VP
- Mentorship agreement
- 4- ½ day live sessions/year
- Monthly interaction
- Goal oriented
How to keep it on track

• 2-3x/year
• Final survey
• Protégé’s to Mentors
• Program growth
• Residency

How do we measure success

• Survey
• Net Promoter
• Program Development
• Fresh 20
• Retention

SSM Physical Therapy

SSM Physical Therapy New Grad Mentorship Program

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Why We Needed This Program

• Recruitment
• Investment
• Retention

Program Structure

• Two fold
  1. 1:1 mentor/mentee
  2. Clinical education piece

Program Structure

• Application process
  1. Mentor
  2. Mentee
• Initial Training Session for Mentors
• Initial Session for Mentees
Program Structure

• Mentor Pairing Considerations
  1. Specializations
  2. Geography
     3. Non-supervisory
  4. Choice
• Signed Agreement/Contract

Program Structure

• Education Piece
  1. Advanced Clinical Education (ACE) Team
  2. Lecture/Lab
  3. 12 Month Rotation
  4. Part of the Work Week
  5. Survey

Examples of Education Topics

• Sports/Running
• Lumbar/SIJ
• Headache/TMJ
• Manual Therapy
• Work Comp
• Vestibular
• Chronic Pain/Neck
• Knee
• Hip
• Spinal Manual Therapy
• Foot/Ankle
• Shoulder

How to Keep it on Track

• Feedback, Feedback, Feedback
  1. Surveys
     a. After each education series
     b. Quarterly for 1:1
     c. Wrap-up survey
  2. Phone calls

How We Measure Success

• Retention
• Improved Metrics
• Specialization

Baylor Institute for Rehabilitation Mentorship Program

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Objective

Institute a platform for **intentional leadership development** within BIR

- Management
- Clinical Specialist
- Front office

Program Structure

Provide a **SAFE and CONFIDENTIAL** forum for:

- Personal growth
- Exchange of ideas
- Problem solving
- Professional development
- 9 months

Program Structure

- The key to the program is dedicated 1:1 time.
- Its acting on the recognition that the company’s greatest resource requires personal and intentional investment to succeed.
- 1:1 time is structured by the mentee/protégé’s goals

Program Structure

How are the pairings made?

- Applications are sent out for the mentors and protégés
  - Protégé: Includes goals and aspirations of the protégé
  - Mentor: Includes experience, expertise, availability

Program Structure

Considerations:

- Organization/reporting structure
- Goals
- Personality type
- Logistics

Program Structure

This is a mentee/protégé based program.

- Mentee sets the direction and tone through achievable and measurable goals
- Preparation for meetings
- Communication
- Acts on and completes deliverables set by the mentor or program structure
Specific Requirements of BIR

- Orientation Meeting
- At least 1 monthly face to face meeting
- At least 1 phone conference

Specific Requirements of BIR

- Emails and other medium used to plan, update, and follow-up as needed
- Director of the program intermittently makes contact with mentees
- A pairing may be dissolved

Impact

- 2014-2015 Class:
  - 6 pairings (13 individuals)
  - 2 mentees moved into a CM role in the upcoming months
- 2015-2016 Class
  - 7 pairings (14 individuals)
  - 1 mentee moved into an orthopedic residency position
  - 1 mentor increased her role as a CM to include other clinics and work on system wide initiatives

Impact & Return on Investment

- 2016-2017
  - 5 pairings (10 individuals)
  - One mentor move into a CM role a few weeks ago
- Total of 37 participants:
  - 35 have stayed in BIR 94.5%
  - Both of them left to move out of area

How we measure success

- Fresh 20 survey: employee satisfaction
- Survey monkey sent to the mentors and mentees
- Tracking mentors and mentees as their roles change

Panel Discussion

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