Reverse Mentoring

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Disclosure

• We do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.

Objectives

• Upon completion of this activity, the participant should be able to:
  – Compare and contrast mentoring with reverse mentoring
  – Apply reverse mentoring strategies to learn from your students and resident
  – Identify topics preceptors can learn through reverse mentoring
  – Discuss strategies to implement reverse mentoring in rotation design

Mentoring

• Mentor: advisor, teacher, sponsor, counselor, coach, advocate, and role model
• A journey that enable the protégé to develop both professionally and personally
• Based on shared values and vision

The Mentor

• Communicate
  – Be present, focus on the student/resident
  – Share your challenges and mistakes, lessons learned
  – Listen!!
  – Encourage student/resident to confront challenges and take risks

“You must do the things you think you cannot do.”

Eleanor Roosevelt
The Mentor

• Provide direction
  – Different aspects of practice and the profession
    • Career paths
  – Landscape of healthcare in your organization, state, nation
    • The role of the pharmacist
• Serve as a role model
  – Passionate, integrity, caring, lifelong learner, positive

The Mentee

• In pharmacy the mentee is often a student, resident, new practitioner or a rising leader
• Qualities required of a mentee
  – Open to learn
  – Find value in the experience
  – Honest communication
  – Follow through

Reverse Mentoring

• Reciprocal Mentoring
  – Mentor/Mentee → Equals → Mentee becomes Mentor
• Mentoring Up
• Someone who has a skill set that you do not have regarding your experience and success

Reverse Mentoring

• A bidirectional form of mentoring in which the traditional mentee not only learns from the mentor, but also teaches him or her.
• Typically, the mentor is younger than the mentee with much less seniority and the mentee is older and well-established in his or her position.

Benefits of Reverse Mentoring

• The individual benefits to mentee
  – Shortens the learning curve
• The overall benefits to organization
  – Build morale
  – Bridge generation gap
  – Reveal future leaders
  – Get candid feedback

Requirements of Reverse Mentoring

• Three requirements
  – Formalize the relationship
  – Cultivate mutual trust
  – Willingness to learn
Requirements of Reverse Mentoring

• Formalize the relationship
  – Doesn’t usually ‘just happen’
  – Ground rules
  – Set expectations
    • Have a game plan
    • Have a goal

• Cultivate mutual trust
  – Respect differences
  – Need to leave comfort zone, new ways of thinking, working and being
  – Open to differences
    • Communication style
    • Viewpoints

Reverse Mentoring

• Mentee willingness to learn

• Qualities required of a mentee
  – Find value in the experience
  – Honest communication
  – Follow through

What can you learn?

• Technology
  • Clinical Skills
    – For the Specialist: Learn unfamiliar disease states
    – For the “staff” RPh: How to be a clinical RPh

• How to teach

Technology

• Easy starting point
  – Social media
  – “Apps”
  – iPad/tablet maximization
  – Health blogs
  – ASHP Connect
  – List serves

**Audience Participation**

Write down at least two technology topics you can either teach or learn in a reverse mentoring relationship.

**Technology**

**Heart Failure Trials**

What's New in Version 4.6
New trials include RED-HF (darbepoetin alfa), RELAX (aliskiren), and RELAX-AHF (saralasin).

[store.apple.com/us]

**Clinical Mentoring: For the Specialist**

- Specialists = “Specialized”
- Residents/Students = “Generalized”
  - Rotations provide broad experiences
- Residents/Students may be more familiar with some clinical topics than their preceptors

**Clinical Mentoring: For the “Staff” RPh**

- “Staff” pharmacists are decentralizing and providing more clinical services
- Students/residents have many clinical rotations and can orient these pharmacists to multidisciplinary rounding, etc.

**Clinical Mentoring: For the Specialist**

- “Two-way” or Reverse Topic Discussions
  - Identify an area of interest to both parties
  - The teaching goes both ways instead of one

  **Example**
  Cardiology Pharmacist + ID resident
  Discussion on antibiotic-associated QT prolongation

**Clinical Mentoring: For the “Staff” RPh**

- Example: Newly decentralized pharmacists shadowing residents on clinical rounds
How to Teach

• New preceptors may be unfamiliar with commonly employed teaching methods
  – (Topic discussions/Case presentations)

• Experienced preceptors haven’t “seen it all”

• Residents/students have many learning experiences to share and critique

How to Teach

• Example: Resident/Preceptor-led student topic discussions

• In preparation, the resident can share their experiences with various teaching approaches

References


