Mentoring in Kinesiology

AIK Ltd. Presentation

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Australian Institute
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Industry Body Representative for Kinesiology

Overview of Mentoring

- The following slides are intended to provide an overview of the mentoring process to ensure Mentors can operate effectively and are aware of their responsibilities and roles. The presentation will cover the following areas:

- Defining Mentoring

- Roles and Tasks of a Mentor

- The process of mentoring and developing contracts

- Ethical considerations

- Practitioner Self care

- Concluding the mentoring relationship

What is Mentoring?

- Process of providing support and guidance to ensure clients' needs are appropriately met.

- Process of development where colleagues of a similar profession engage in regular pre – planned formal mutually agreed meetings.

- The Mentor is essentially a supportive colleague who assists the practitioner to examine and discuss their professional work and develop as a skilled practitioner.

- Mentoring has both a preventative and remedial function by focusing on client well-being and professional development.

- Mentoring is not administrative or managerial supervision.

- Copeland (2015, Hughes (2012), Jones (2014)

The Need for Mentoring in Kinesiology

- Independent practitioners are often operating in isolation with minimal support structure.

- Practitioners feeling 'burnt out' and overwhelmed by particular situations and clients.

- Essential to maintain personal functioning and professional practice to ensure they maintain their effectiveness and well-being.

- Enhances development and optimum outcome for the clients of the practitioner.

Bernstein (1999), Rolf-Flett (2002), Dept. of Health (2005)

Purpose of Mentoring

- Ensures clients' needs are appropriately met and they receive a high standard of care.

- Develops competence and self confidence in the practitioner if they are new to the field.

- Facilitates effective practitioner development to ensure they provide effective, efficient and accountable services to meet their client's needs.

- Can provide a consultative service in an area or specialisation where the practitioner has limited experience.

- Decreased stress, anxiety and practitioner burnout and increased coping capacities.

- Supporting practitioner self-care and job satisfaction.

- Assists in managing particular risks in clinical practice.

- Aims to develop learning beyond competency – expertise and lifelong learning.

- Kovak et al (2017), Mahoney (2006), Trevithick (2005), Copeland (2015), wade (2015)

Mentoring Formats

- Mentoring can be conducted over a range of different formats depending upon the situational requirements – all have their own advantages and disadvantages. Formats include:

- One on One Mentoring.

- Differential Mentoring – mentor is considerably more experienced.

- Peer Mentoring – both parties have similar experience.

- Group Mentoring.

- Remote Mentoring – via phone or skype etc.

Stein (2012), Copeland (2015), Hughes (2012)

Roles of the Mentor

- Formative – Educational role – instructing, advising , modelling, help establish awareness of interactions, interventions effectiveness.

- Monitoring / Evaluating role – monitors, clarifies, consults, feedback. Emphasis on accountability and responsibility.

- Supportive/ Restorative role – provides mechanism to discuss and deal with issues and concerns, counselling, facilitating skills. Provides safe environment and support.

- Administration - Record keeping and confidentiality.

- Risk Management – ensure AIK Ltd. Code of Ethics and Conduct is met and an ethical culture is maintained and fostered.

- Developing a positive strong, collaborative relationship of mutual trust.

- Awareness of personal limitations and commitment to the supervision process.

- Esler (2009), Wade (2015), Copeland 2005, Jones (2014) Beinart (2012)

Progression of the Mentoring Role

- A Mentoring relationship is dynamic and changing, particularly as new practitioners develop their skills over time. Expected progressions include:

- Initially the Mentor provides considerable structure and some early encouragement of autonomy.

- As they progress, less structure and more facilitating of autonomy through modeling and discussions.

- Eventually the focus moves towards assisting in refining their professional skills and identity with a focus on monitoring consistent performance. Less structure and direction is required in these later stages.

- Later a Mentor can take a more flexible role responding to the practitioner's needs and contextual factors.

- Esler (2009), Wade (2015), Copeland 2005, Jones (2014)

Practical Tasks of Mentoring

- Building the relationship

- Teaching/ learning

- Counselling

- Monitoring

- Evaluation

- Consultative role – assist in specialist areas.

- Administrative tasks – recording/ reporting etc.

- Copeland (2015)

Characteristics of a Successful Mentor

- Available both physically and emotionally.

- Accessible – approachable and easy to converse with.

- Skilled and able to impart knowledge.

- Affable – friendly and pleasant.

- Ethical – honesty and integrity.

- Challenging and encouraging.

- NCETA (2005), Barletta (2007)

Strategies to Avoid

- Criticism – wherever possible avoid direct criticism. Challenge but be constructive and positive.

- Advice giving - provide guidance rather than advice. Offer experience and knowledge, guide them in decisions.

- Rescuing – Unless there is imminent danger or a significant ethical issue.

- Shea (1992)

Matching & Mentor Selection

- Matching the right mentor to the right practitioner is critical. No matter how great a mentor you are, there are some practitioners who won't match well with you.

- The Practitioner should be comfortable talking about all aspects, i.e. not careful or selective about what is said.

- You meet the individuals particular needs – they may want support, challenge, guidance, a collegiate type relationship.

- You may need similar views or challenging views.

- Similar specialisation or interest.

- Knowledge or experience in a new area.

- Geographic proximity is generally preferred.

- Copeland (2005)

Questions for Mentors

- Ensure your practitioner has the right information to make an informed decision on whether you are the right mentor for them. Be prepared for the following questions:

- How many years' experience?

- What areas have you worked in?

- Have you knowledge and experience in a similar area?

- What is your Mentoring training and experience?

- What are your availability and times for mentoring?

- Copeland (2005)

Developing a Personal Style

- Mentors assist their practitioners to identify and develop their own individual therapeutic style.

- Avoid guiding them towards your particular style.

- Our particular mix will suit the clients and specialisations that we are drawn towards.

- Recognise that there is no one particular way or method that is best.

- Bernstein (1999)

Barriers to Mentoring

- Many potential barriers may impair the mentoring process. These require consideration and addressing in the early formative stage when discussing the mentoring process and structure with your practitioner. They may include:

- Gender

- Ethnicity/race

- Personality

- Time issues

- Mentor's personal style

- Needs of the practitioner

- Ethical issues

Klasen and Clutterbuck(2002)

Starting the Mentoring Process

- The mentoring process requires significant planning and collaboration between both parties in the early stages. Substantial time should be allocated to discuss these to ensure effective mentoring. Mentors will need to focus on these areas which are discussed in more detail on the following slides:

- Planning

- Relationships

- Contracts – formal agreement that guides the process.

- Recording

- Evaluation

- Practicing the Art – Focus, techniques and strategies.

Building the Relationship

- Develop an environment of mutual trust and collaborative attitudes.

- Discuss and clarify areas of potential concern – particularly about the mentoring process.

- Maintain clear boundaries.

- Be clear, honest and consistent in all sessions and discussions.

- Acknowledge contextual factors influencing the situation.

- Clarify responsibilities of both parties.

- Utilise appropriate self-disclosure.

- Provide support in a manner that enables the practitioner to retain responsibility and make decisions.

- Recognise and openly discuss changes in the relationship.

- Make necessary adjustments to the relationship.

Hughes (2012), Trevithick (2005) Ahktar (2007)

Developing a Contract

- Can be a written agreement, does not lock parties in to a set number of sessions or length of time and guides the process. Can include:

- Types and style of mentoring sessions. E.g. 1 on 1 or group etc.

- Frequency, location, length, fees/ cost of sessions.

- Establishes clear boundaries and scope of mentoring.

- Focus of the mentoring process, e.g. case study, problem solving, skill development or general reflection process.

- Ethical considerations such as confidentiality and the relationship.

- Expectations and role clarification of both parties.

- Goal setting processes.

- Recording and documentation responsibilities.

- Time frame and review of mentoring process – monitoring and evaluation.

- Conflict resolution process and conclusion of mentoring relationship.

Copeland (2005), Hughes (2012), Jones (2014), Trevithick (2005)

Cost of Mentoring

- Payment process to be negotiated by the mentor and the practitioner.

- Often dependent upon experience differential.

- Can use a percentage of normal scheduled fees as a guide.

- Always provide an invoice and receipt.

Recording of Mentoring Sessions

- Keeping an accurate record of mentoring sessions is important for many reasons such as:

- Evidence of mentoring.

- Evaluation of mentoring effectiveness.

- Can identify any issues or areas of concern.

- Assists in directing future sessions.

- Assists in managing and monitoring goals.

- Ensures accountability.

- Hughes (2012), Copeland (2005), Trevithick (2005)

What to include in a Report?

- Date, time , length, number of cases and what issues discussed.

- Information about therapeutic effectiveness.

- Ethical and professional practices.

- Use of mentoring by the practitioner.

- Future training needs.

- Progress since last review.

- Evaluation of work.

- Hughes (2012), Copeland (2005), Trevithick (2005)

Evaluation of Mentoring

- Evaluate either using practitioner feedback or jointly.

- Monitor the progress of the practitioner regularly.

- Provide constructive feedback in a positive and supportive manner.

- Ensure feedback is regular and two way.

- Record evaluations on your reports.

- Challenge the practitioner when necessary.

- Address any issues immediately and resolve or end the relationship.

- Jones (2014), Hughes (2012) Beinart (2012)

Areas to examine in the session

- Issues or areas of concern, ethics and legal implications.
- client issues and boundaries.
- Effectiveness of interventions and analysis of practice choices.
- Reflecting on a particular session.
- Exploring the impact of personal feelings on their work.
- Professional development.
- Impasse dilemmas – when healing process is stuck - case progress.
- Urgent issues that arise – may need an urgent call or session.
- Allegiance dilemmas – conflict between client needs, ethics etc.
- Effective decision making processes – identify and define issue, consult, list consequences and decide.
- Issues of transference and countertransference.
- Self-care, stress management and wellbeing of the practitioner.

Trevithick (2005), Copeland (2005), Esler (2009), Barletta (1992)

Mentoring Techniques

- Cases and problem issues - use problem and solution oriented questions to help guide to their own resolution.

- Skill rehearsal and role modelling.

- Co- facilitation – supervisor attends and contributes to, but does not take over a session.

- Indirect observation – recorded session with client consent.

- Subtle influence and encouraging statements.

- Clarification skills and interpretation.

- Provision of between session techniques and activities.

- NCETA (2005),

Resolving Issues Through the Mentoring Process

- Encourage practitioner to work through the following processes when attempting to resolve issues:

- Understand the dilemma.

- Find connections among the information.

- Formulate a working hypothesis.

- Develop a treatment plan to implement.

- Barletta (2007), Hughes (2012)

Ethical Considerations

- There are many ethical considerations that will arise in the practice of Kinesiology. The following areas will be explored in greater depth in these slides:

- Ethical issues that may arise in practice

- Boundaries

- Ethical Vulnerabilities

- Accountability and Responsibility

- Confidentiality

- Legal considerations

Ethical Issues in Practice

- Holding strong feelings about a client.

- Dual Relationships – connections between clients.

- Extended sessions.

- Inappropriate communication during non-therapy sessions/ meetings.

- Outside hours telephone calls to and from clients.

- Inappropriate gift giving.

- Boundary problems with in home therapy and visits.

- Overdoing, overprotecting and over identifying with clients.

- Loans, barter and sale of goods – any financial interaction other than payment for therapeutic services.

- Self disclosures by the therapist – unless limited and clinical.

- Touching and sexual contact.

- Walker & Clark (1999), Mahoney (2006)

Mentoring Boundaries

- Maintaining a professional relationship, definitely no sexual relationships and often a friendship can influence the mentoring process.

- Keeping on task and set time limits.

- Keeping to clarified expectations, communication and confidentiality.

- Adherence to AIK association code of ethics and conduct. Available on the website at: http://www.aik.org.au/files/AIKEthicsandConduct.pdf

- Hughes (2012), Jones (2014, Trevithick (2005)

Ethical Vulnerabilities

- Knowledge of ethics does not always equate to ethical practice. Individuals can be influenced by:

- Social and cultural influences.

- Inability to recognise ethical dilemmas.

- Competing motivations – client, practitioner, ethics.

- Prior decisions.

- Poor organisational skills.

- Non-rational processes and cognitive bias.

- Person – situational variables.

- Poor role modelling

- Uncertainty, anxiety and stress

- Jones (2014)

Managing Ethical Vulnerabilities

- Mentors will need to monitor potential vulnerabilities and address them. A mentor will need to:

- Pay attention to practitioner emotional states and societal factors influencing them.

- Encourage discussion of these areas.

- Enhance awareness of practitioner blind spots.

- Investigate social support and relationships that the practitioner has in place.

- Jones (2014)

Accountability of Mentors

- Responsibility for the welfare of the client to ensure ethical standards are upheld.

- Protecting the client if the practitioner intends to do something illegal, unethical or in conflict with the AIK code of ethics and conduct –www.aik.org.au downloads.

- Advising the practitioner when it is appropriate to break confidentiality.

- Ensuring the practitioner is able to function effectively through their well-being and self-care strategies.

- Mentors are responsible for practitioners being fit to practice.

- Go beyond just upholding the ethics standards of ensuring no harm, but to actually assist the client as much as possible.

- It is wise to ensure your personal liability insurance covers your mentoring role.

- Esler (2009), Wade (2015, Trevithick (2005), Hughes (2012), Jones (2015), Copeland (2005)

Confidentiality

- It is important to clarify in the early stages what information will be brought to sessions.

- May include personal issues affecting their work.

- Mentor has a duty of care if information is divulged that puts the client, therapist or carer at risk.

- Any potential conflicts of interest should also be divulged if information is to be discussed elsewhere, e.g. at a group session.

- Hughes (2012)

Legal Considerations

- There are many legal considerations that mentors will need to consider and ensure their practitioner is meeting, including:

- The mentor and the practitioner are required to have full knowledge of the legislation for the Unregistered Healthcare Worker and follow the legal requirements in the state the clinical practice operates.

- WWCC check for clients who are minors.

- Presence of parent if client is a minor – consider age.

- Membership of a professional association, e.g. AIK Ltd.

- Awareness of code of ethics and conduct developed by the AIK.

- Privacy act, WHS and other laws.

- Reporting of unethical practices.

- Reporting of concerns.

Rolfe – Flett (2002), Barletta (2007)

Self Care Strategies for Practitioners

- Start small and do something now – move your thoughts into actions.

- Set clear specific goals.

- Set pro-active goals that are meaningful.

- Be selective and focus on what is important.

- Start from here, where you are, not where you want to be.

- Make changes one at a time and plan ahead; make it easy.

- Reward yourself for good work and caring about yourself.

- Pick techniques that work for you and allow you to take control.

- Do it daily and be patient and persistent.

- Regularly reassess your self-care skills.

- Address physical health, eating well, regular exercise, relaxation, positive thoughts and control of stress.

Bernstein (1999)

Managing Relationship Challenges

- There may be times when issues arise in the Mentoring relationship. It is important to address this quickly with the following strategies:

- Explore the problem collaboratively.

- Clarify any misunderstandings.

- Re-establish boundaries.

- Focus and build on positive experiences.

- Hughes (2012)

Ending the Relationship

- The mentoring relationship is dynamic and at some point it will be time for the relationship to end. This may be due to the following reasons:

- Reaching a new stage of professional development.

- Changing client cohort – requires new knowledge.

- Modified job demands and challenges.

- Developing collusion – too comfortable with the mentor.

- Locality change or retirement of the mentor.

- Mismatches in assumptions, theoretical perspectives, interactive styles.

- Seeking a different mentoring relationship or skill set.

- Problematic mentoring issues and breakdown of relationship.

- Inadequate and ineffective mentoring.

- Copeland (2005, Esler (2009)

In Summary…

- The Mentor is critical in ensuring that practitioners are performing as effectively as they possibly can. These slides have covered a range of areas in relation to mentoring:

- Defining Mentoring

- Roles and Tasks of a Mentor

- The process of mentoring and developing contracts

- Ethical considerations

- Practitioner Self care

- Concluding the mentoring relationship

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