

Building Passion Develops Meaningful Mentoring Relationships among Canadian Physiotherapists

Allison M. Ezzat, PT, MClSc, MSc (Candidate);* Monica R. Maly, PT, PhD†

ABSTRACT

Purpose: To describe the meaning of mentorship among Canadian orthopaedic physiotherapists. **Methods:** As part of a phenomenological qualitative study, 14 registered physiotherapists (13 women, 1 man) each participated in a single 60-minute, semi-structured face-to-face interview. Participants reflected on their experiences in receiving and providing mentorship and described the impact of mentorship on their careers. Interviews were transcribed verbatim and analyzed using a phenomenological approach. **Results:** Participants described mentorship as any nurturing process in which they used their skills and experience to guide, teach, and encourage a less skilled or less experienced colleague for the purpose of promoting professional and personal development. Participants experienced mentorship as a positive, reflective phenomenon. According to participants, the true essence of mentorship in physiotherapy consists of building passion, keeping fresh, making us stronger, and promoting deeper learning. **Conclusions:** Building a shared passion for learning, as well as a mentor's commitment to the mentee's success, forms the foundation of meaningful mentorship in physiotherapy. These mentoring relationships enable physiotherapists to adapt to the changing health care system, advance patient care, and develop the profession.

Key Words: continuing education; mentors; physical therapy; qualitative research; rehabilitation.

RÉSUMÉ

Objectif : L'objectif de cette étude consistait à décrire la signification du mentorat pour la communauté des physiothérapeutes orthopédiques au Canada. **Méthode :** Une méthode qualitative phénoménologique a été utilisée ; 14 physiothérapeutes agréés (13 femmes, 1 homme) ont participé à une entrevue individuelle semi-structurée, en personne, d'une durée de 60 minutes. Les participants ont parlé de leur expérience en tant que mentor ou auprès d'un mentor et ont décrit les effets de ce mentorat sur leur carrière. Les entrevues ont été transcrites, puis analysées suivant une approche phénoménologique. **Résultats :** Les participants ont décrit le mentorat comme une expérience profitable et pour laquelle ils doivent utiliser leurs compétences et leur expérience pour guider, enseigner et encourager une personne moins compétente ou moins expérimentée avec comme objectif de favoriser le développement professionnel et personnel. Les participants ont vécu le mentorat comme une expérience positive et réfléchie. Selon les participants, l'essence véritable du mentorat en physiothérapie consiste à susciter la passion, à nous rendre plus forts et à favoriser un approfondissement des connaissances. **Conclusions :** Susciter une passion commune pour l'apprentissage et s'engager pour le succès de la personne dont on est le mentor sont les fondements d'un mentorat valable en physiothérapie. Ces relations de mentorat permettent aux physiothérapeutes de s'adapter à un système de santé changeant, de faire progresser les soins aux patients et de contribuer à l'évolution de la profession.

Physiotherapy is an evolving profession in Canada. To adapt to the growing number of responsibilities resulting from changes in the scope of practice and a progressive shift from the public to the private sector, physiotherapists must continually update their knowledge and skills.¹ For example, legislation is in progress to advance the scope of physiotherapy practice so that physiotherapists across all provinces may soon be able to communicate a

diagnosis.² Provincial colleges and associations are pursuing scope extensions that would enable physiotherapists to order MRI or ultrasound for diagnosis.²

While specialized postgraduate educational programmes exist to facilitate development of new knowledge and skills, mentorship is thought to be a powerful tool to advance clinical skills for physiotherapists. The term "mentorship" refers to a relationship focused on sharing

From the *Department of Physical Therapy, University of British Columbia, Vancouver, B.C.; †School of Rehabilitation Science, McMaster University, Hamilton, Ont.

Correspondence to: Monica R. Maly, Room 435 IAHS, School of Rehabilitation Science, McMaster University, 1400 Main St. West, Hamilton, ON L8S 1C7; mmaly@mcmaster.ca.

Contributors: Both authors designed the study, collected the data, and analyzed and interpreted the data; drafted or critically revised the article; and approved the final draft.

Competing Interests: None declared.

Physiotherapy Canada 2012; 64(1):77–85; doi:10.3138/ptc.2011-07

knowledge and experience between experienced mentors and motivated protégés or “mentees.”³ The role of the mentor is to support and challenge the mentee, with the aim of facilitating the mentee’s professional socialization, skill development, and career planning.^{4–6} As Rideout states, “A good mentor encourages the protégé to acquire the ‘tools’ to reach their goals. A good mentor does not ‘feed’ information and answers to the protégé, but makes the protégé think and assess.”^{7(p.42)} Mentors need strong clinical and analytical reasoning skills and ability in reflection and evaluation.^{7,8}

Mentorship offers numerous benefits. In face-to-face interviews, 10 Canadian physiotherapists who were mentors reported that mentorship is critical to supporting the choices a mentee makes to facilitate success in patient care and career development, and therefore to advancing the profession as a whole.⁹ Indeed, mentorship has enabled physiotherapists to develop expertise in new clinical skills by providing guidance with direct hands-on care and dedicating more time to in-depth patient assessment and patient education.¹⁰ Mentees are able to handle new and complex clinical situations because more experienced clinicians challenged their knowledge and understanding.¹¹ Mentorship programmes increase self-confidence, self-esteem, and independent thinking among mentees.^{12,13} Recently, technology has also been used to provide a platform for mentoring: a new electronic mentoring initiative aims to combat professional isolation for physiotherapists practising as sole providers in rural areas. A pilot study found that the collaborative interaction of e-mentoring was an effective tool for clinical support of novice paediatric physiotherapists.¹⁴ It is not surprising that mentorship is seen as essential in supporting the transition from student to health care professional and to facilitate ongoing professional development.^{15–17}

In addition to support for less experienced mentees, mentorship also offers tremendous benefits to the mentor in the health care setting. Mentor clinicians benefit from an opportunity to learn new skills and ideas from their mentees, as Henderson and colleagues discovered through a series of focus groups and interviews with a group of 36 nurses.⁶ Other studies have shown that mentorship renews the mentors’ desire to learn.^{18,19} Physiotherapists with experience as mentors have also highlighted the role of mentorship in stimulating reflection on their own clinical practice.²⁰ Davies and colleagues conducted six focus groups followed by six targeted interviews at different hospital sites in Toronto, Ontario, exploring the perceived advantages and disadvantages of clinical supervision of students; the themes that emerged included the satisfaction of contributing to professional development and stimulation to reflect on practice.²⁰

Despite the documented benefits of mentorship, however, few experienced physiotherapists participate in formal mentorship roles. Recently, professional associations for both Canadian and American physiotherapists

have launched mentorship programmes. Mentor enrolment in the Canadian Physiotherapy Association (CPA) programme has been poor,²¹ which suggests that the mentorship experience may not be fully understood among Canadian physiotherapists. The purpose of this study, therefore, was to describe the meaning of mentorship for Canadian orthopaedic physiotherapists. Orthopaedics was chosen because it is the largest practice area in physiotherapy. We propose that our findings will add insight into the role that mentorship plays in developing the physiotherapy profession in Canada.

METHODS

Our study used a qualitative research approach to understand the experience of mentoring in physiotherapy practice through an inquiry process. Qualitative methods seek to describe the complex nature of perceptions of experience within the specific social context in which the experience occurs.²² Such methods are therefore well suited to investigating the essence of the meaning of mentorship, which is a complex experiential process influenced by many factors.

Among a variety of qualitative methods, we chose a phenomenological approach, because this method explores the meaning of participants’ lived experiences.²³ In phenomenology, the researcher searches for a central “essence,” or common understanding, of the phenomenon.²³ As vanManen highlights, several orientations of phenomenology have evolved.²⁴ We chose the Phenomenology in Practice framework because it enables researchers and practitioners to apply phenomenology to professional contexts, including health care practice, to illuminate the practical concerns of everyday practice.²⁴

In line with this methodological approach, we acknowledged and outlined assumptions and experiences before beginning data collection. One author (AE) was a mentee in the Master of Clinical Science programme at the University of Western Ontario; the other (MM) had experiences as a mentee in physiotherapy and academia, as a mentor to physiotherapy and thesis-based students, and as a researcher interested in professional development.⁷ Both authors acknowledged our assumption that mentorship is important to learning and personal growth throughout the careers of physiotherapists as well as to advancing the profession. However, we also acknowledged that not every mentoring relationship promotes these benefits.

The study was approved by the Hamilton Health Sciences Research Ethics Board.

Participants

Purposive sampling was used to identify 14 participants (13 women, 1 man) who were registered physiotherapists with experience in providing and receiving mentorship within a physiotherapy context.²⁵ Phenomenological approaches recommend 10 interviews to pro-

vide a comprehensive, but not necessarily exhaustive, understanding of the phenomenon and to reveal the essence of the experience.²³ The rigour of qualitative research, however, does not depend on a specific number of participants; rather, it is judged based on trustworthiness.²⁶ To that end, our study design included several elements that promoted trustworthiness, particularly the use of a research team, an audit trail, and the experiences of the researchers^{27,28}

Participants were recruited by word of mouth, advertisements posted in newsletters and business meetings hosted by the Physiotherapy Association of British Columbia, and use of a snowball technique among physiotherapists who were members of the host medical team during the Vancouver 2010 Winter Olympic Games. Recruitment criteria included ability to speak English, an active physiotherapy practice in Canada, a minimum of 5 years' clinical experience and 2 years' mentorship experience, and good standing with the College of Physiotherapy of British Columbia or within the participant's home province.

Participants were between 33 and 59 years old; all were licensed in Canada. They had between 5 and 37 years of clinical practice, and between 2 and more than 20 formal experiences as mentors in physiotherapy, including participation in supervision of students or physiotherapists, mentorship programmes organized through CPA or the Canadian Association of Manipulative Therapists (CAMT), and ongoing relationships in the workplace. The number of students and colleagues each participant had mentored ranged from 4 to 200. Of the 14 participants, 13 practised in an orthopaedic private clinic, while the other practised within a home-care setting; 10 were clinic owners. Thirteen participants practised in an urban setting and one in a rural setting. All had baccalaureate degrees in physiotherapy, and all had completed a variety of postgraduate courses; 10 had achieved certification as Fellows of the CAMT, and 7 provided clinical instruction in a physiotherapy programme. One participant had also completed a course-based master's degree, and two others were in the process of doing so at the time of the study. Five were involved in national-level positions, including providing care at the Winter Olympics in Vancouver in 2010. Pseudonyms were used throughout the study to protect participants' confidentiality.

Data Collection

Phenomenological approaches strive to understand the complete experience of an activity; to this end, we collected data through a one-on-one semi-structured interview with each participant. The 60-minute interview consisted of open-ended questions that enabled participants to convey their own meaning of the experience of mentoring. Interviews were conducted by one author (AE). There was no standardized phrasing or ordering of the questions; instead, the interviewer allowed each

participant's responses to guide the course of the interview. Post-interview memoing was completed immediately after each interview to describe early impressions, new themes, body language, and any environmental factors that may have surfaced during the interview. These memos were both descriptive and analytical.²⁹ This approach allowed for the emerging themes raised by the participants to be explored as the project unfolded. Sample questions included the following:

- What are the characteristics of a good mentor?
- Tell me about the first person you mentored. Tell me about the last person you mentored. How have your approaches and attitudes toward mentoring changed over time?

Reflection on memos, along with early analysis of transcripts and discussion, facilitated modification of questions as the interviews progressed. For example, questions added to the interview guide included the following:

- How do you see the role of mentorship evolving in physiotherapy in the future?
- Would you change anything about your past mentoring experiences? What have you learned about yourself in the process?

During interviews, participants were asked to reflect on any collegial relationship that featured sharing, supporting, and challenging one another, regardless of whether the mentee was a student or colleague. Interviews were conducted at each participant's clinic or home, as determined by the participant. All interviews were audiotaped and were later transcribed verbatim by a transcriptionist; memos were also written. All personal identifiers were removed from the transcript, and participants were assigned pseudonyms to protect their confidentiality. Each transcript was verified for accuracy by the researcher who performed the interview. Member checking was not incorporated in the study design, because many participants were volunteers at the 2010 Winter Olympics who resided across the country.

Data Analysis

Once interviews were transcribed, NVIVO-2 (QSR International, Doncaster, Victoria, Australia) was used to facilitate data management and analysis. The researchers met weekly by telephone to discuss the ongoing data analysis and interpretation, which took place concurrently with data collection.³⁰

Analysis was guided by the van Kaam method for phenomenological studies, as modified by Moustakas.³¹ First, all expressions important to the meaning of mentorship were listed verbatim. In this list, each expression was labelled, and all were given equal value. Once all expressions had been labelled, we identified repetitions of these expressions to determine the single best expres-

sion from each participant to retain in the list. We then discussed how the expressions could be clustered into related topics to form a common theme. These clusters were defined as the core themes of the phenomenon. Finally, the core themes were validated by identifying a relevant quotation from each participant. These core themes related to the essence of the experience of mentorship. Consensus between investigators was reached for each step of the data analysis, as described by Moustakas.³¹

FINDINGS

In the mentor role, participants perceived mentoring as a “partnership of how to learn and listen, and how to use my hands” (Nicole). Participants described mentorship as any nurturing process in which the participant makes use of his or her skills and experience to guide, teach, and encourage a less skilled or experienced colleague for the purpose of facilitating the latter’s role, professionally as well as personally:

A mentor, as I understand the term, it’s the facilitation role and role model kind of thing ... You’re actually really taking part in their development as a therapist. (Cathy)

Participants experienced mentorship as a positive, reflective phenomenon. The true meaning of mentorship in physiotherapy, as they experienced it, consisted of four core themes: *building passion*, *keeping fresh*, *making us stronger*, and *promoting deeper learning*.

Building Passion

Participants told us that the foundation of a mentoring relationship in physiotherapy is infusing the mentee with passion for the profession of physiotherapy and seeing him or her succeed in professional pursuits and patient care. This passion is the energy, confidence, and “real desire to see that person’s success, or a passion to be able to share what you have, that you believe you have that’s going to be helpful to that person” (Cathy). Successful mentoring requires both mentor and mentee to invest in the relationship:

I can probably be a little bit focused, a little driven, because it [mentoring] is important to me ... I do think that it is a really important priority, so I tend to put quite a lot of energy into it, and I hope that it will be reciprocated. (Karen)

Mentors role-model, motivate, and influence career directions for mentees. Participants recognized their ability to inspire other physiotherapists early in their careers: “I’ve had strong role models in my career ... what I wanted to do was emulate their behaviour” (Karen). As Sarah said, reflecting on her own experience as a mentee, “it makes you envision what you would perhaps like your life to be like, and seeing [what] someone else is doing, that makes it easier.” Cynthia recalled mentee experiences in which her mentor’s passion for his physiotherapy

career was infectious: “He was so enthusiastic about what he was doing, about how I was learning, about his patients, about the whole of physiotherapy.” Ultimately, mentors’ passion for physiotherapy can have a tremendous impact on their mentees, especially those early in their careers:

He was the fellow who probably is most instrumental in why I’m a physiotherapist today, and I haven’t left the profession, and without his mentorship I can absolutely assure you I would not be a physiotherapist. (Nicole)

Mentoring was a high priority for participants for several reasons. Many described mentoring as a mechanism for building passion for the profession. For example, Leslie expressed her motivation for mentoring this way: “It fulfills a side to me. And now I love physio now more than when I first started.” Participants also described feeling gratified when they see other physiotherapists in the profession succeed, and said they aim to facilitate the success of others by passing on their knowledge and experience: “I love teaching people and sharing my knowledge, and I guess it’s the satisfaction of seeing someone succeed” (Roger). Thus, participants explained, they enjoy mentoring because they recognize themselves as experienced practitioners and view mentoring as a way to give back to the physiotherapy community and advance another individual’s career. Most importantly, this innate passion focuses on the realm of clinical work and patient care. Participants model the need for passion to facilitate success in a clinical setting; that is, the main goal of mentoring is to infuse passion into the mentee’s role as a health care professional. Participants agreed that a successful physiotherapist must be

genuinely interested in people and helping them with their problems ... and that you can’t teach, either you’re like that or you’re not like that ... it’s part of being a therapist. (Susan)

Keeping Fresh

Participants reported that mentorship is an important mechanism for motivating them to keep up-to-date with research and advance their clinical skills. It is also a method of promoting lifelong learning, “in that it keeps me fresh and I learn something from every student I’ve ever mentored” (Leslie).

Participants see their mentoring role as thought-provoking and exciting: “[Mentees] asked a lot of questions that were probing and it stimulated my thinking a bit, so I actually really enjoyed being challenged that way” (Shannon). In the same way, mentoring facilitates self-reflection on past experiences for the mentor:

[Mentoring will] help me improve my skills, it will help me go back and review what I’ve forgotten. I think if I never spent any more time educating myself but just simply remember how to apply everything I’ve been taught to this point, I’d probably be a lot better off. (Pam)

Thus, mentorship facilitates reciprocal learning for mentee and mentor, both of whom bring valuable contributions to the partnership. Mentees' contribution to the relationship is critical, participants told us, because they "keep you keen, they often came with new ideas, oh, that was the other thing, I think I always learned from students too, so it was a two-way street" (Melissa). Cynthia said,

I look forward to it now ... as an exchange of ideas too. Everybody, you can always learn something from everybody no matter what their level of skill and I think that when a student comes in, ... People are interested and there's always sort of a different perspective that they fit in to the clinic.

Making Us Stronger

Participants described how, by guiding and supporting mentees in their professional growth, mentoring strengthens the profession as a whole. Mentorship is key to evolving and changing the physiotherapy profession in positive directions:

I still believe that physio as a profession can only grow if we lead each other. I just think it's really important that physios support and teach each other and let the strengths grow, 'cause we've got lots of strengths and lots of amazing people in the profession regardless of how much experience they've got, you know. Some of the most interesting and dynamic people I've met are just starting out, so I think we just have to appreciate that. That needs to be nurtured and supportive and encouraged and facilitated as much as possible, and I think mentorship is a good way to do that. (Karen)

In addition to giving back to the physiotherapy community, participants said, mentorship is a professional responsibility:

I really do think that as you grow as a physiotherapist you should also contribute to the profession. And so this is one opportunity to make a difference and actually contribute to the bettering of the students and the upcoming physiotherapists. (Shannon)

Mentorship was seen as a method of raising the overall quality of the profession, so that physiotherapists can take pride in their image and expertise as seen by the public. Tara expressed her goal for striving to enhance the reputation of physiotherapy:

I've been pretty successful as a physio myself, so—I'm proud of that, I'm proud of my profession, so, you know, if we can get good physios out there and keep improving the name of the profession, then that's what I'm all about ... one thing I can't abide is mediocrity. [We need to] maintain the high levels of the profession—and I think mentoring is going to be a huge part of that.

Participants emphasized that the continuing evolution of health care in Canada, including expanded roles

for physiotherapists, demands that physiotherapists keep their knowledge and skills fresh in order to adapt:

Mentorship kind of relationships are really important. I think the more of those relationships there are within our profession, there's more networking and more power and ability to adapt to change. (Karen)

Thus, mentorship is essential to keeping the profession united and moving forward.

Promoting Deeper Learning

Mentorship is a mechanism for developing a broader knowledge base and the intellectual skills for clinical reasoning. One mentor reflected on her previous experience as a new graduate physiotherapist:

I was having a first-year experience again, and again, and again. And what happens with a mentor is that you can expedite your experience of—having 1 year with [a] mentor can take you 10–15 years down the road as to what it would take if you were trying to sort through all of that on your own. [They are] helping with the clinical reasoning and the thinking aspects of being an effective clinician. (Nicole)

Participants emphasized that several purposeful strategies are involved in promoting deeper learning in a mentoring relationship, including establishing expectations of each person, applying knowledge-translation strategies, and stimulating reflective thinking. These strategies involve a commitment of energy and time; Shannon recalled that in her experience as a mentee, her mentor "took the time to engage with us, and not just academically," to ensure that both people benefited. Within the fast-paced work environment, mentoring is a way for clinicians to bring a sense of value to their practice:

I like sharing my knowledge and taking the time in the clinic you don't have. That time, really, is always rushed. It's nice to be able to take the time and share knowledge and ... so that's why I started teaching. (Erin)

Participants described several different strategies for promoting learning. Together, this combination of strategies provides a practical approach to mentoring. First, establishing expectations early in the mentoring relationship helps to pave the way for a quality experience. *Establishing expectations* is the process of defining the skills and behaviours expected of both parties within the mentorship relationship, such as the goals of each participant, the organization and structure of sessions together, and the best teaching and learning strategies for both. It is important initially to ensure that time spent together is productive and that structure is present to achieve the mentorship goals:

We have that conversation to see what their goals and interests are and then I also like to find out if there's any particular body region or elements of manual therapy that they're interested in so that we can focus on where the experience should go. (Karen)

Second, knowledge translation focuses on promoting mentees' ability to transfer academic learning into clinical situations:

Bringing mentees back to basics and trying to integrate the anatomy, remember the physiology ... add some clinical reasoning, and remember why you are doing a technique. (Tara)

Third, mentoring stimulates reflective thinking in mentors:

I think the thing is the reflective thinking. I definitely enjoy the comments the students give back, I mean one always likes positive comments, but the other comments are actually more meaningful. (Jennifer)

Mentors encourage reflection as a key component of clinical reasoning in their mentees and teach them strategies to implement it in their daily practice:

I really encourage people to book on a half hour, but to only treat for 25 of those minutes and to reserve the last 5 minutes for reflection time: "What just happened? What did we just do? What difference did it make?" Do your charting ... that's going to influence or direct what I want to do next time, so you take 5 minutes with every patient to reflect on it. (Nicole)

Fourth, mentorship is a critical tool for advancing patient care. Working with experienced practitioners allows mentees to gain new perspectives and observe the impact of the physiotherapy profession on individuals' lives:

To be able to see the potential of your profession, to be able to see that it is possible to work through complicated things, and to be able to see in action the qualitative things of the therapeutic relationship, how to talk to patients, how do you guide them through, how you have a relationship with them that empowers them through the knowledge that you've gained from hundreds and hundreds of patients. (Nicole)

Finally, identifying compatible learning styles assists the mentor and mentee in this process of knowledge translation: "Someone to learn from and certainly a similar learning style I think is helpful and a similar way of approaching a problem makes it easier to share the knowledge that you have with somebody else" (Cathy). In considering their own experiences as mentees, participants described this flexibility of the mentor to adapt to the mentee's learning style as significant:

I think the reason that she was most influential is because our styles of learning and teaching and stuff I think are quite similar, so it's easy to follow what she's trying to show me or help me with, because I tend to think along the same lines. (Cathy)

DISCUSSION

Our aim in this study was to describe what mentorship means to orthopaedic physiotherapists in Canada.

Our findings address the fundamental experiences of mentorship from the mentors' perspective and highlight the central phenomenon of *building passion* in mentoring—that is, the drive, energy, and motivation invested in a meaningful relationship between mentor and mentee, in which the mentor is committed to the success of the mentee. This passion is essential to the growth and success of the mentoring relationship.

Previous work on mentorship in physiotherapy has focused largely on student placements; this literature is much more developed than the traditional mentor-mentee union in physiotherapy.^{32–34} The student-supervisor relationship relates well to coaching.³⁵ In student placements, as in the current study, a commitment to lifelong learning and reflective practice is seen as paramount.^{35–37} However, these studies also point out that further research is needed to qualitatively explore these relationships, particularly when focusing on lifelong learning beyond graduation from physiotherapy school. While the relationship between supervisor and student in physiotherapists' clinical education has similarities to the mentorship relationship, it is time limited and focuses on skills acquisition.³⁵ Therefore, relationships with mentors formed during student placements do not often facilitate long-term career development. Furthermore, the passion and commitment fundamental to the success of the mentoring relationship may be challenging to develop in student placements, where these relationships are assigned rather than chosen.

Beyond these clinical placements, there has been little research on the importance of the mentorship relationship in physiotherapy. In an editorial, Bohannon suggested that the level of commitment required from mentors distinguishes them from the coach, guide, or teacher,¹⁶ and that in physiotherapy this relationship is critical to the mentee's professional growth and success. In the most influential mentoring relationships, however, mutual commitment extends beyond skills acquisition and patient care. Also in an editorial, Rothstein emphasized that the nature of and commitment to a mentoring relationship are critical for the relationship to be deep and effective,³⁸ suggesting that mentoring is a "merging of spirit and shared aspirations"^{38(p.954)} and promoting the necessity of time, effort, and commitment by both parties, given the complexity of mentoring. Our study provides some of the first evidence to support these ideas about the importance of each party's dedication to the other in the mentoring relationship. It is possible that formal mentorship programmes offered by professional associations, employers, and educators, including student placements, do not foster deeper learning and career success because it is difficult to assign two individuals to invest in each other at a personal level. Our findings suggest that manufacturing meaningful mentorship relationships within structured programmes that pair mentors and mentees based on variables such as

geography and practice area is likely to be difficult; instead, mentoring relationships likely need to develop organically.

Mentorship literature from other health professions nicely reflects the practical strategies identified by our study participants as methods to foster personal and professional growth. Previous work in nursing highlights the need for a clear understanding of the purpose of the relationship and for mentors to consider such issues as accessibility, mutual interests, and compatibility of learning styles.³⁹ In fact, a study of nurses, physicians and midwives found that between 46% and 55% of mentors were unsure of the expectations that defined the relationship.⁴⁰ Clear communication strategies can strengthen the relationship and promote its longevity. The Canadian physiotherapists in our study reported that communication centred on establishing expectations is critical to promote deeper learning opportunities in the mentee–mentor relationship. They also identified the importance of compatibility between mentor and mentee.

Several studies have found that mentorship promotes the development and recognition of the importance of advanced learning strategies such as increased reflection, depth of knowledge, and clinical decision-making skills.^{9,41–43} Our findings reveal that mentorship stimulates self-reflection in mentors as they facilitate, teach, and explain their own clinical reasoning to mentees. Previous studies have shown that self-reflection associated with mentorship is a key influence on the future career choices and professional development of mentees.⁹ Takeuchi and colleagues found mentorship to be a mechanism to enhance self-reflection and, in turn, facilitate success. Reflection has also been identified as a key component in the development of clinical reasoning skills consistent with expert practice.⁴² Insight into how these expert physiotherapists use reflection is important for developing continuing education programmes, which are often thought to overemphasize knowledge and skills acquisition.^{44,45} Mentorship provides an opportunity for busy clinicians to find time to practise self-reflection.⁴¹ The time put aside for mentoring can then be dedicated for both mentors and mentees to engage in reflection. Wainwright and colleagues found that reflection is used by both novice and experienced physiotherapists, although it is largely shaped by prior experience; the mentorship relationship provides experiences for novice practitioners to expedite their learning and engage in reflection-on-action activities by working with their mentors as they develop clinical decision-making skills.⁴⁶ Thus, our findings are consistent with previous studies' conclusions that acting as a mentor promotes self-reflection and clinical reasoning.

Within our changing health care system, the role of mentorship in the development of new skills has been recognized as fundamental to the future of health care workers, including physiotherapists.⁴⁷ A recent study in-

volving 23 nurse practitioners in their first year of practice found that inter-professional relationships such as mentorship helped these new practitioners adapt to rapid changes in the primary health care system.⁴⁸ This type of work inspired formal mentorship programmes to provide support and integration into complex health care environments. Similarly, physiotherapists in Canada are expanding their scope to include increased prominence and responsibility in primary care, such as triaging patients with musculoskeletal conditions and assisting in postoperative review for those undergoing hip and knee replacement.⁴⁹ Two parallel processes, one of advanced scope of practice designation and one of specialization for physiotherapists, are also being developed to recognize physiotherapists with advanced competencies, including performing controlled or restricted treatment tasks such as setting a fracture and aspirating fluid from a joint. Participants in our study discussed the value of mentorship as a way to raise the overall quality of the profession to embrace these new roles. With expanding expertise, mentorship can provide a forum for the growth of problem-solving and critical thinking skills, which will enhance physiotherapists' ability to make clinical decisions.

Our study has several limitations. First, 13 of 14 participants were women, a proportion that reflects the current make-up of the profession but also limits the generalizability of our findings. Further, the importance of a meaningful mentoring relationship may be different for orthopaedic physiotherapists in private outpatient practice than for those working in hospital public-practice settings and other community settings. Finally, member checking was not incorporated in the study design.

Some strengths of this study include its distinctive Canadian perspective. Rigorous methodology was maintained throughout, as researchers communicated regularly electronically, and via telephone on a weekly basis, to support ongoing analysis and collaboration. We also shared insight into the experience of mentorship in physiotherapy, both as mentors and as mentees.

Future directions for exploring mentorship in physiotherapy might involve including the perspectives of other stakeholders in the mentorship process, such as mentees and patients. In addition, involving more male physiotherapists and a greater number of participants from diverse areas of practice would be beneficial. Most importantly, future work could identify methods aimed at promoting the development of formal mentorship programmes that maintain the integrity of mentoring relationships.

KEY MESSAGES

What Is Already Known on This Topic

Mentorship is a valuable tool to support the transition into professional clinical practice, encourage the development of new skills, and stimulate self-reflection.

What This Study Adds

In physiotherapy, successful mentoring requires that both mentor and mentee invest in each other's professional and personal success. Mentors gain several benefits by mentoring colleagues, such as building passion professionally and personally, keeping fresh on the newest skills and knowledge, advancing the physiotherapy profession, and promoting deeper learning focused on the best patient care.

REFERENCES

- Dahlgren MA, Richardson B, Kalman H. Redefining the reflective practitioner. In: Higgs J, Richardson B, Dahlgren MA, editors. *Developing practice knowledge for health professionals*. Edinburgh: Butterworth Heinemann; 2004. p. 15–33. doi:10.1016/B978-0-7506-5429-6.50005-7
- Health Professions Regulatory Advisory Council. *Strategic solutions: Optimizing physiotherapists' capacity in Ontario's health care system*. Physiotherapy Scope of Practice Review; 2008.
- Owens BH, Herrick CA, Kelley JA. A prearranged mentorship program: can it work long distance? *J Prof Nurs*. 1998;14(2):78–84. doi:10.1016/S8755-7223(98)80034-3. Medline:9549209
- Daloz LA. *Effective teaching and mentoring*. San Francisco (CA): Jossey-Bass; 1986.
- Jotkowitz AB, Clarfield AM. Mentoring in internal medicine. *Eur J Intern Med*. 2006;17(6):399–401. doi:10.1016/j.ejim.2006.05.001. Medline:16962945
- Henderson A, Fox R, Malko-Nyhan KM. An evaluation of preceptors' perceptions of educational preparation and organizational support for their role. *J Contin Educ Nurs*. 2006;37(3):130–6. Medline:18814394
- Rideout S. Mentoring: guided by the light. *PT Magazine*. 2006;14:42–8.
- Andrews M, Wallis M. Mentorship in nursing: a literature review. *J Adv Nurs*. 1999;29(1):201–7. doi:10.1046/j.1365-2648.1999.00884.x. Medline:10064300
- Takeuchi R, O'Brien MM, Ormond KB, et al. Moving forward: success from a physiotherapist's point of view. *Physiother Can*. 2008;60(1):19–29. doi:10.3138/physio/60/1/19. Medline:20145739
- Jensen GM, Shepard KF, Hack LM. The novice versus the experienced clinician: insights into the work of the physical therapist. *Phys Ther*. 1990;70(5):314–23. Medline:2333330
- Jensen GM, Shepard KF, Gwyer J, et al. Attribute dimensions that distinguish master and novice physical therapy clinicians in orthopedic settings. *Phys Ther*. 1992;72(10):711–22. Medline:1528964
- Harrison D, Hong C. The role of mentoring in continuing professional development. *Int J Ther Rehabil*. 2004;11:502.
- Milner T, Bossers A. Evaluation of the mentor-mentee relationship in an occupational therapy mentorship programme. *Occup Ther Int*. 2004;11(2):96–111. doi:10.1002/oti.200. Medline:15181480
- Stewart S, Carpenter C. Electronic mentoring- an innovative approach to providing clinical practice support. *Int J Ther Rehabil*. 2009;16:1–7.
- Soloman P, Öhman A, Miller P. Follow-up study of career choice and professional socialization of physiotherapists. *Physiother Can*. 2004;56(2):102–10. doi:10.2310/6640.2004.00006.
- Bohannon RW. Mentorship: a relationship important to professional development. A special communication. *Phys Ther*. 1985;65(6):920–3. Medline:4001172
- Lafoley B. It's time to encourage mentorship throughout our profession. *Physiother Can*. 2000;52:93–4.
- McLean PH. Reducing staff turnover: the preceptor connection. *J Nurs Staff Dev*. 1987;3(1):20–3. Medline:3643967
- Giles PF, Moran V. Preceptor program evaluation demonstrates improved orientation. *J Nurs Staff Dev*. 1989;5(1):17–24. Medline:2921616
- Davies R, Hanna E, Cott C, et al. Physical therapists perceived benefits and barriers to supervising students in the clinical setting. *Canadian Physiotherapy Association Congress*; 2009; Calgary, Alberta.
- Blyth, Tracy (Canadian Physiotherapy Association Membership Services). Telephone conversation with: Andrea McAllister. 2008 Jun 10.
- Henderson R, Rheault A. Appraising and incorporating qualitative research in evidence-based practice. *J Phys Ther Edu*. 2004;18:35–40.
- Creswell JW. *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks (CA): Sage; 1998.
- van Manen M. *Writing in the dark: phenomenological studies in interpretative inquiry*. London (ON): Althouse Press; 2002.
- Miles MB, Huberman AM. *Qualitative data analysis*. 2nd ed. Thousand Oaks (CA): Sage; 1994.
- Morrow S. Quality and trustworthiness in qualitative research in counseling psychology. *J Couns Psychol*. 2005;52(2):250–60. doi:10.1037/0022-0167.52.2.250.
- Lincoln YS, Guba EG. Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin NK, Lincoln YS, editors. *The handbook of qualitative research*. 2nd ed. Beverly Hills (CA): Sage; 2000. p. 97–128.
- Lincoln YS, Guba EG. Establishing trustworthiness. In: Lincoln YS, Guba EG, editors. *Naturalistic inquiry*. Beverly Hills (CA): Sage; 1985. p. 289–331.
- Glesne C. *Becoming qualitative researchers: an introduction*. 2nd ed. Reading (MA): Addison Wesley Longman; 1999.
- Morse JM, Richards L. *Read me first for a user's guide to qualitative methods*. Thousand Oaks (CA): Sage; 2002.
- Moustakas C. *Phenomenological research methods*. Thousand Oaks (CA): Sage; 1994.
- Jarski RW, Kulig K, Olson RE. Clinical teaching in physical therapy: student and teacher perceptions. *Phys Ther*. 1990;70(3):173–8. Medline:2304975
- Cross V. Perceptions of the ideal clinical educator in physiotherapy education. *Physiotherapy*. 1995;81(9):506–13. doi:10.1016/S0031-9406(05)66680-1.
- Onuoha AR. Effective clinical teaching behaviors from the perspective of students, supervisors and teachers. *Physiotherapy*. 1994;80(4):208–14. doi:10.1016/S0031-9406(10)61298-9.
- Strohschein J, Hagler P, May L. Assessing the need for change in clinical education practices. *Phys Ther*. 2002;82(2):160–72. Medline:11856067
- Steward B. The theory/practice divide: bridging the gap in occupational therapy. *Br J Occup Ther*. 1996;59:264–8.
- Tryssenaar J. Interactive journals: an educational strategy to promote reflection. *Am J Occup Ther*. 1995;49(7):695–702. Medline:7573341
- Rothstein JM. Mentor: another word, another fashion statement. *Phys Ther*. 2000;80(10):954–5. Medline:11002430
- Krozek C. *Implementing a nursing new graduate mentoring program*. Glendale (CA): CINAHL Information Systems; 2002.
- Bray L, Nettleton P. Assessor or mentor? role confusion in professional education. *Nurse Educ Today*. 2007;27(8):848–55. doi:10.1016/j.nedt.2006.11.006. Medline:17293009
- Saylor CR. Reflection and professional education: art, science, and competency. *Nurse Educ*. 1990;15(2):8–11. doi:10.1097/00006223-199003000-00006. Medline:2325921
- Wainwright SF, Shepard KF, Harman LB, et al. Factors that influence the clinical decision making of novice and experienced physical therapists. *Phys Ther*. 2011;91(1):87–101. doi:10.2522/ptj.20100161. Medline:21127167
- Lahteenmaki M. Reflectivity in supervised practice: conventional and transformative approaches to physiotherapy. *Learn Health Soc Care*. 2005;4(1):18–28. doi:10.1111/j.1473-6861.2005.00080.x.
- Shepard KF, Jensen GM. Physical therapist curricula for the 1990s: educating the reflective practitioner. *Phys Ther*. 1990;70(9):566–73. discussion 573–7. Medline:2392486

45. Pierson W. Reflection and nursing education. *J Adv Nurs*. 1998;27(1):165–70. doi:10.1046/j.1365-2648.1998.00509.x. Medline:9515621
46. Wainwright SF, Shepard KF, Harman LB, et al. Novice and experienced physical therapist clinicians: a comparison of how reflection is used to inform the clinical decision-making process. *Phys Ther*. 2010;90(1):75–88. doi:10.2522/ptj.20090077. Medline:19926680
47. Kilcullen NM. Said another way: the impact of mentorship on clinical learning. *Nurs Forum*. 2007;42(2):95–104. doi:10.1111/j.1744-6198.2007.00073.x. Medline:17474943
48. Sullivan-Bentz M, Humbert J, Cragg B, et al. Supporting primary health care nurse practitioners' transition to practice. *Can Fam Physician*. 2010;56(11):1176–82. Medline:21076001
49. Woodhouse L; Advanced Practice Taskforce. Advanced practice physiotherapy in Ontario: a proposal for physiotherapist extended class-musculoskeletal example. Ontario Physiotherapy Association; 2006.