

Academic Paper

Mentorship Skills in Occupational Therapy: A Survey Study

Sara J. Stephenson ✉ (Occupational Therapy Department, Northern Arizona University, Phoenix, USA)

Gretchen L. Bachman (Occupational Therapy Department, Northern Arizona University, Phoenix, USA)

Dana Mills (Nova Southeastern University, Fort Lauderdale)

Abstract

There is a lack of mentorship assessment and objective improvement measures for mentorship in the field of occupational therapy. This study aimed to investigate differences in mentor readiness and identify areas for improvement. Participants completed the validated Mentor Competency Assessment. Participants were stratified into two groups for data analysis. 103 participants were included. No significant differences were identified, indicating that the instrument was unable to differentiate between those with and without mentor experience. An occupational therapy mentor competency assessment may be useful for mentor development, process improvement, and future educational opportunities.

Keywords

capstone, mentor assessment, mentor competency assessment, occupational therapy

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Introduction

The value in professional learning lies in enhancing professional development, exposure to practice trends, evidence-based practice, and current research (AOTA, 2009). Professional learning, development, and growth within a work environment includes acquiring skills, knowledge, and ongoing application. Burgess and colleagues (2018) purport that professional growth includes learning the organisational skills specific to a profession and, in a setting like healthcare, can cultivate the ongoing fundamentals vital to practice. According to social learning theory, learning occurs through observing and imitating the behaviours of others in the environment (Bandura, 1977). Applying the principles of social learning theory alongside educational learning theory and mentorship, professionals can enhance their mentor skills and knowledge.

Mentoring is a common practice that enhances professional development in healthcare by engaging experienced providers, which fosters learning opportunities where broad concepts and skills can be shared between people with varying experience levels (Burgess, van Diggele & Mellis, 2018; Manzi, Hirschhorn, Sherr, Chirwa, Baynes & Awoonor-Williams, 2017). Mentoring is valued in healthcare in the expansion of professional knowledge, processes, and transference of knowledge between professionals (Burgess et al., 2018; Coppin & Fisher, 2016; Stephenson, Kemp, Kiraly-Alvarez, Costello, Lockmiller & Parkhill, 2022). However, mentoring is inconsistently defined in healthcare literature (Burgess et al., 2018; Oikarainen, Mikkonen, Tuomikoski, Elo, Pitkänen, Ruotsalainen & Kääriäinen, 2018; Stephenson et al., 2022). A scoping review by Doyle, Gafni Lachter & Jacobs (2019) identified twenty studies across three countries, and they proposed a broad definition based on four defining elements: support, learning, process, and relationship. The working definition proposed was, “mentoring is a goal-oriented learning process which takes place in a supportive relationship” (Doyle et al., 2019, p.544).

A capstone experience and project (*herein called capstone*) is a 14-week programme requirement for the entry-level occupational therapy doctorate (OTD), in the United States of America and its territories, that is goal-oriented and takes place in a supportive environment. Capstone consists of both an experience and project that requires OTD students to collaborate with mentors in a concentrated focus area of their choosing. Capstone serves as an opportunity to aggregate all the programme information gained and to implement projects that have benefits for both the student and mentor. Occupational therapy as a profession can capitalise on mentor development to meet the needs of the profession, as academic programmes evolve to the entry level occupational therapy doctorate. This will increase the need for mentors for capstone experiences (AOTA, 2019).

Literature Review

The strengths-based approach to education theory recognises that individuals, such as mentors and mentees, have unique strengths and skills that can be harnessed to facilitate growth and development (Csikszentmihalyi & Seligman, 2014). Using a strengths-based approach to mentor education is particularly relevant in the context of mentor development, where a pre-assessment and ongoing assessment of mentor competencies can identify areas for improvement and allow for targeted educational programming (Li, Malin & Hackman, 2018). Mentoring is an effective way to facilitate social learning, where experienced providers can model behaviours and share their knowledge and skills with those less experienced, promoting both mentor and mentee professional development (Manzi et al., 2017). Through mentoring programme development and opportunities, professionals and healthcare professions can enhance the skills of both mentors and mentees, which is crucial for delivering long-term quality healthcare.

Healthcare professions, including nursing, midwifery, and occupational therapy, use various methods to evaluate mentorship skills and programmes (Andrews & Chilton, 2000; Hishinuma, Horiuchi, & Yanai, 2016; Stephenson et al., 2022). Mentor self-assessments are a valuable tool that allows an organisation and individual an opportunity to assess foundational mentor skills, attributes, and attitudes over time, which can demonstrate growth or identify areas of further educational needs. A scoping review by Stephenson et al. (2022) found that professional portfolios, checklists, reflective writing, and self-assessment of mentor skills are methods of measurement activities that can demonstrate engagement in tasks to progress toward mentor competency or mastery in a variety of attributes or skills (Dalhke, Gafni Lachter & Jacobs, 2016; Elmore, Blair & Edgerton, 2014; Fleming, House, Shewakramani, Yu, Garbutt, McGee, Kroenke, Abedin & Rubio, 2013; Houghton, 2016).

The American Accreditation Council for Occupational Therapy Education© (ACOTE) requires capstone for all accredited entry-level occupational therapy doctoral programmes (OTD) in the United States of America and its territories (ACOTE, 2018). The required capstone is an

individualised component that pairs capstone students with mentors in a student's interest area. Capstone students work with mentors to create mutually beneficial projects and allow students the opportunity to develop an in-depth experience in a specific setting to advance their clinical and professional skills in research, leadership, and programme development (AOTA, 2023). The first entry-level OTD programme was established in 1998 (AOTA, 2014) and the first entry-level OTD ACOTE® standards were established in 2006. In 2015, there were six accredited OTD programmes and as of January 2020, there were approximately 170 entry-level OTD programmes (AOTA 2019). The growing number of entry-level occupational therapy doctorate programmes indicates an increased need for mentors, and mentors who have the skill set to facilitate a collaborative mentor/mentee relationship (Stephenson, Rogers, Ivy, Barron & Burke, 2020; Stephenson et al., 2022). Mentors are required to demonstrate expertise in a student's capstone focus areas and each OTD programme has the latitude to individualise any other mentor requirements (ACOTE, 2018).

Unique to the entry-level doctoral capstone is that a mentor can be outside the occupational therapy profession, which expands the opportunities, potential benefits, and learning for both the student and mentor (Campbell, 2011; Olsen, Saunders & Yong, 2010). In addition, there are guidelines for the profession and academic programmes, which are broad and allow academic institutions the latitude to align with their mission and programme initiatives (ACOTE, 2018; Kemp, Juckett, Darragh, Weaver, Robinson, DiGiovine & DeMott, 2021; Stephenson et al., 2020). Currently, within occupational therapy, there is limited scholarly literature for capstone mentors, placing the onus of mentor skill development squarely on mentors and entry-level occupational therapy programmes.

The European Mentoring and Coaching Council (EMCC) provides a competence framework that describes four levels of mentorship and that mentor assessment, skill identification, and education are key to promoting a mentor (Abrahamsson, Hemmer, Margariti, Moral, Pinto, Skelton & van Vlerken, 2015). Stephenson et al. (2022) identified four valid and reliable mentor competency self-assessments: (1) Mentor Competency Assessment (MCA), (2) Mentor Competency Instrument (MCI), (3) Mentor's Cultural Competence Subscale derived from the Cultural and Linguistic Diversity in Mentoring Scale (MCCS-CLDMS), and (4) Mentoring Competencies of Clinical Midwives Scale (MCCM) (Hishinuma et al., 2016; Fleming et al., 2013; Mikkonen, Tomietto, Cicolini, Kaucic, Filej, Riklikiene, Juskauskienes, Vizcaya-Moreno, Pérez-Cañaveras, De Raeve & Kääriäinen, 2020; Oikarainen et al., 2018). None of the four assessments were specific to occupational therapy but may be relevant to occupational therapy practice and capstone mentorship.

Objective measures that are psychometrically sound and specific to occupational therapy may be important and informative for guiding occupational therapy education. Validating mentor assessments specific for occupational therapy can close the gap and promote relevant resource development for the field. To that end, the primary purpose of this study was twofold: first, to identify knowledge gaps in experienced and inexperienced capstone mentors through the administration of a mentor competency assessment; and second, to prioritise responses as a way to focus education and resource development for capstone mentors.

Methods

A quantitative, cross-sectional research design was used to administer an electronic mentor competency assessment to occupational therapy practitioners. The MCA is validated in academic settings for clinical and translational research mentors (Fleming, 2013). Institutional Review Board (IRB) approval was obtained prior to data collection.

Participants

A sample of convenience of current capstone mentors, occupational therapy practitioners in the Occupational Therapy Association, and an internal university database of self-identified occupational therapy practitioners was used in data collection. To create homogenous sampling, mentors that were not occupational therapy practitioners were excluded from the study. Participants included in the study were stratified into two groups: Experienced mentors and those with no mentor experience (potential mentor). An experienced mentor was defined as having mentored one or more capstone students.

Measurement Tool

The four instruments identified by Stephenson et al. (2022) were considered for use in the study. The MCA was selected for use in this study because of its six broad domains most closely aligned with the field of occupational therapy, occupational therapy education programme faculty, occupational therapy practitioners, and capstone mentors (AOTA, 2018).

The MCA is a 26-item skills inventory that solicits self-appraisals of confidence in mentoring in six domains: Maintaining effective communication (= .62), aligning expectations (= .76), assessing understanding (= .72), addressing diversity (= .65), fostering independence (= .91), and promoting professional development (= .80) (Fleming et al., 2013). Responses are recorded using a 7-point Likert scale ranging from “1,” not skilled at all, to “7,” extremely skilled. The MCA is a valid and reliable instrument to assess perceived mentor competencies (Fleming et al., 2013; Pfund, House, Asquith, Fleming, Buhr, Burnham, Eichenberger Gilmore, Huskins, McGee, Schurr, Shapiro, Spencer & Sorkness, 2014). The University of Wisconsin Institute for Clinical and Translational Research granted permission to use the MCA in this study.

Data Collection

The MCA was integrated and distributed to all participants through a secure online Qualtrics survey platform with additional demographic questions. Participants gave informed consent before completing the survey, and all responses were anonymous. Participants were not required to answer all questions in the survey. Data were recorded over three distribution cycles. The first distribution was open for 60 days and sent to therapists that were currently serving as capstone mentors. The next distribution was open for 60 days and sent to therapists that had an affiliation with the university. The final distribution was open for 60 days and sent to members of the state association. Data were stored securely within the same Qualtrics survey platform and then exported to Excel prior to data analysis.

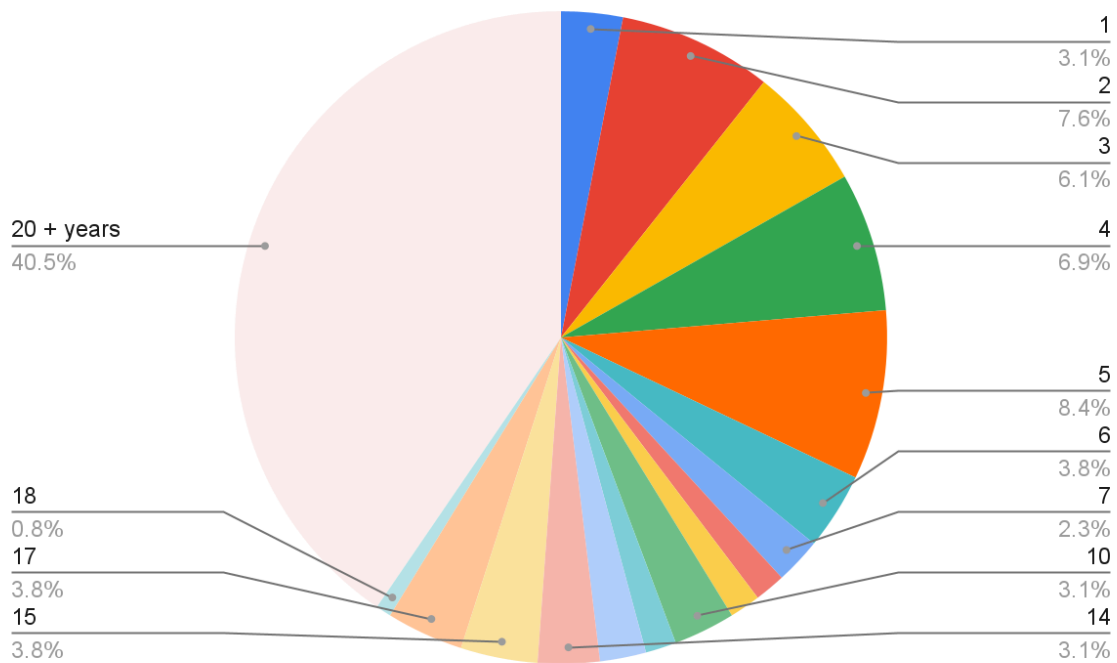
Data Analysis

The Statistical Package for the Social Sciences® (SPSS) version 27 computer software was used to analyse the data. Participants were stratified into two groups for data analysis. A One-Way MANOVA was conducted to address the primary research question of this study, “Are there statistically significant differences between occupational therapy mentors with prior mentorship experience versus those with no experience in their self-perceived level of competence across the six domains of the MCA?”. Descriptive statistics (mean and standard deviation) were used to analyse the second research goal to prioritize MCA domains as a way to focus education and resource development for capstone mentors.

Results

There were 125 respondents to the surveys. After data were checked for consistency and completeness, 103 subjects were included in the final analysis. Data were recorded and categorised by years in practice (Figure 1), mentor experience, and terminal degree designation (Table 1). Descriptive statistical summary of the scores for the six domains in MCA are based on two categories: (i) previous experience (occupational therapists with capstone mentor experience) and (ii) potential experience (occupational therapists who have not mentored a capstone student). Data are provided as mean scores and standard deviation (Table 2). Results from the analysis indicate that there were no significant differences in test domains on the MCA (communication, aligning expectations, assessing understanding, fostering independence, diversity, and professional development), $F(6, 100) = 1.162, p = 0.333$; Wilk's lambda = 0.931, partial eta squared = 0.069.

Figure 1: Years of Experience



**Not all respondents provided years of experience*

Table 1: Occupational Therapist Characteristics

Occupational Therapist Characteristics	N
Terminal Degree Designation	n=77*
Academic Doctoral Degree (PhD, EdD, DrPH, JD)	3
Clinical Doctoral Degree	28
Master's Degree	32
Bachelor's Degree	14
Prior Capstone Mentor Experience	
Yes	n= 66
No	n= 59

**Not all respondents provided degree designation*

Table 2: Summary Scores for MCA Domains

MCA Domain*	Mentor Experience	N	Mean	Standard Deviation
Communication	Previous exp	48	34.55	4.38
	Potential exp	58	33.00	5.20
Aligning Expectations	Previous exp	45	27.60	4.89
	Potential exp	58	24.82	5.56
Assessing Understanding	Previous exp	45	14.93	3.27
	Potential exp	57	13.84	3.80
Fostering Independence	Previous exp	45	14.93	3.27
	Potential exp	57	13.84	3.80
Addressing Diversity	Previous exp	45	11.31	2.15
	Potential exp	57	10.80	2.00
Promoting Professional Development	Previous exp	45	25.20	6.22
	Potential exp	56	23.53	5.23

*Fleming et al., 2013

The results indicate the MCA could not differentiate between those with mentor experience (previous experience) and those without (potential experience); participants had similar perceptions of mentorship skills. The second research question could not be explored because no areas of deficiency were identified.

Discussion

The results were surprising, given the robust and voluminous research that exists for mentorship assessment using the MCA. The authors speculate that several factors may be contributing to the inability of the MCA instrument to detect differences.

(1) *Lack of sensitivity of the instrument to detect differences between those with mentor experience and those without mentor experience.* The intentions of the study were somewhat “diagnostic” in nature. The goal was to find areas where capstone mentors felt deficient so that relevant mentor training programmes could be developed and matched to the areas that needed development. Relevant literature using the MCA in this manner was unable to be identified. Authors speculate that the instrument may lack some of the nuance and sensitivity needed to find specific targets of occupational therapy specific mentor development training.

(2) *Ceiling effect.* Another possible explanation for the lack of statistical significance could be due to a ceiling effect. Mentor self-perception of areas of competence were all rated relatively high, with mentors rating themselves as “highly skilled” in each domain. Mentors who have prior experience may indeed possess a high level of skills in these domains, while inexperienced mentors may believe they possess these skills but have yet to receive any feedback to the contrary. There was also an incredibly low level of variability both within and between groups, as these high ratings were consistent within and between groups (Table 2).

(3) *Domains of the MCA may not be specific enough for occupational therapy.* The field of occupational therapy is unique. Training programmes are developed within a highly structured framework (AOTA, 2020a). The domains in the MCA touch on some, but not all, areas that are integral parts of occupational therapy training. Perhaps an instrument developed within the context of the AOTA framework would yield more relevant results (AOTA, 2020b).

Although the results were not statistically significant, they are still clinically meaningful. Publishing only successes in occupational therapy research omits valuable information gained from failure, such as the need to develop occupational therapy-specific self-assessments for mentors (Mehta, 2019). Occupational therapy practitioners seeking to elevate their skills can propel fellow practitioners and students in the profession through mentorship. Occupational therapists who seek

mentor education are currently unable to access resources within the profession that are specific to mentoring and that can accurately assess competency.

Conclusions drawn from this study suggest that the use of change scores may be a valuable tool for tracking mentor development over time and creating tailored curricula to address self-identified areas of need (Garcia-Melgar, & Meyers, 2020). Further refinement of an occupational therapy mentor assessment tool would allow for investigation of change scores that may not be as sensitive to the ceiling effect. The findings of this study support further investigation of mentorship in the occupational therapy profession that could elevate professional development for practitioners, ultimately advancing the profession.

Limitations

There are several limitations to this study. First, despite the MCA being a psychometrically sound tool to evaluate mentorship, it has never been used in an occupational therapy context. It is possible that occupational therapists are uniquely different mentors from other health care professionals. The MCA is not known to be used in a diagnostic context, which may have contributed to the observed ceiling effect. Acquiescence bias is a second limitation and may have skewed the results in that mentors knew the researchers collecting the data. Third, mentors that are highly skilled in their specialised area of clinical practice may perceive their ability to mentor equally as high; however, competence in a practice area or years of experience may not directly translate to high mentorship abilities. This may contribute to a halo effect bias as it applies to the characteristic or ability to mentor. Fourth, it is unknown to the researchers the final number of surveys that were ultimately distributed by the state association; therefore, the response rate could not be calculated. Fifth, researchers did not capture mentor experience outside of mentoring capstone students. Since this information was not captured, it is possible that this contributed to a ceiling effect as respondents potentially had mentor experience. Finally, not all participants were required to answer all questions in the survey, and therefore the participant number for each data collection point is variable.

Future Research

The findings from this study may help develop other areas of potential research. One area may be in developing an occupational therapy-specific mentor competency assessment, taking into account the unique traits required as a capstone mentor. Researchers suggest the addition of ranked order data collection with the domains to identify trends resource needs. Examining the domains in an occupational therapy-specific mentor competency assessment may support occupational therapy academic programmes in building supports and resources for mentors as they engage in capstone experiences or other activities. A follow-up study could also be completed in a multi-university context to improve the external validity of the results and reduce the possible limitation of bias while increasing the sample size.

Conclusion

Mentor competency self-assessment is an important tool for mentor development and tracking development over time. A first step in identifying one's skills is to have a baseline, such as a self-assessment, to understand mentor abilities and what can be further developed. Implications for occupational therapy practice includes the development of mentors, mentees, and the profession's resources available to mentors to advance the profession as a whole. As occupational therapy programmes continue to evolve and grow, mentor competency assessment and development will remain critical to ensuring the success of future generations of occupational therapy practitioners. As mentors engage in mentorship, they support future mentors and leaders (Stoffel, Lamb, Nagel, Dumitrescu, Sullivan & Addison, 2014). As mentee skills are gained, mentorship can refine

techniques, skills, and professional development. Mentees benefit from elevated mentorship and may ultimately engage in mentor roles in their future careers.

Although the findings in this study were not statistically significant, they may indicate that the use of change scores in future research could be beneficial in developing tools and educational programming for capstone mentors in occupational therapy programmes. Occupational therapy practitioners, and academic programmes, could use change scores to track progress in mentor skill attainment and likely be able to target education for practitioners to meet learning needs and interests. This study highlights that as our profession begins to evaluate mentor programme needs, there is an opportunity to build the capacity of current mentors and develop future mentors which may elevate the profession.

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About the authors

Sara Stephenson (she/her), OTD, OTR/L, BCPR serves as Associate Clinical Faculty and Capstone Coordinator for Northern Arizona University's Occupational Therapy Program.

Gretchen Bachman (she/her), OTD, OTR/L, MBA, CEAS, CHT is an Assistant Clinical Professor in the Occupational Therapy Program at Northern Arizona University.

Dana Scott Mills, Ph.D. (he/him), serves as the Associate Dean for Research and Program Planning at Nova Southeastern University's Abraham S Fischler School of Education.