Mentoring in the Clinic: Achieving the best for patient care

Robin Stern, PhD Professor of Radiation Oncology University of California, Davis

Who Am I?

- Academic faculty with a 100% clinical appointment
- 25 years experience in clinical therapy physics
- Chief Clinical Physicist for ~13 years
- Past Residency Director



Mentoring in the Clinic

- More focused than mentoring for research or many other aspects of career
- Specific tasks
- Specific skills
- Patient and staff safety
- $\,^{\circ}\,$ Less flexibility for the mentee to decide what direction to go, how to define success
- Less flexibility for mentor



My #1 Priority

• Make sure the mentee does not do anything to compromise patient or staff safety.





Mentoring Styles

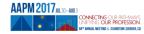
 Letting Go may not be the best choice, especially with inexperienced mentees





My mentoring styles

- Prescribing
- Especially with less experienced mentees
- Advisory and Cooperative
- $\,{}^{_{\rm o}}\,$ As the mentee becomes more experienced
- Help them learn to evaluate and solve clinical problems on their own
- Friendship
- If the mentee is open to it



In general

- Hold regular meetings with the mentee.
- Hold the mentee to a standard.
- $\,^{\circ}$ Don't abuse mentees! They are here to learn, not do your work for you.



My responsibilities to the mentee

- Be attentive
- Be approachable
- Be available
- Be patient
- Be a resource



In the clinic

- LOTS of together time.
- Initially:
- Show how it's done
- Explain how and why
- But let the mentee get hands-on as soon and as much as possible
- Then, back off. But watch and correct, and have the mentee explain what they're doing and why.
- Allow the mentee to work on his/her own when but only when they have shown adequate competency.



In the clinic

- There's more to the clinic than just machine QA
- Treatment planning
- Patient-specific QA measurements
- In-vivo measurements
- Patient consults
- Etc...



Outside the clinic (but still clinical)

- Shielding
- Policy/procedure writing
- Report writing
- Incident reporting/investigating
- Clinically-related projects
- Adapt mentoring style
- Less Prescriptive
- Less togetherness



Beyond the clinic

- Career development
- Work-life balance
- Interpersonal issues
- · Adapt mentoring style
- No Prescriptive
- Active Listening
- Friendship



In summary	nmary
------------	-------

- Each situation is different. I need to adapt my style of mentoring to suit the situation.
- Each mentee is a individual. I need to adapt my style of mentoring to best suit each mentee's style of learning and interacting, with the bottom line that there are certain skills and knowledge they must master.

AAPN	12017	JUL30-AUG3	
			CONNECTING OUR PATHWAYS UNIFYING OUR PROFESSION 59" ANNUAL MEETING & EXHIBITION DEWER, CO