



# Mentoring in the Clinic

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BREAKING BARRIERS TO BEAT CANCER

## Outline

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- Clinical mentoring vs. research mentoring
- Desired traits for clinical mentors
- Clinical mentoring vs. precepting
- My practices and perspectives

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## Who am I?

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- Therapy physicist
- Academic faculty with a 100% clinical appointment
- 26 years experience
- Chief Clinical Physicist for ~13 years
- Past Residency Director

## Mentoring

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## Clinical mentoring - similarities

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- Provide guidance and direction
- Provide encouragement and support
- Pass on accumulated knowledge and skills
- Act as a resource
- Encourage critical thinking
- Encourage independent thinking and creativity

## Clinical mentoring - similarities

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- More task oriented
- More hands-on
- More prescriptive
- Not quite so much individuality and creativity
- Less freedom for mentees setting their own goals
- Less freedom for mentors selecting a mentoring style

## Desired traits for clinical mentors

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- Pretty much the same as for any type of mentor
  - Good communication skills
  - Approachable/accessible
  - Expertise
  - Personal integrity
  - Professional connections
- Strong clinical skills and knowledge

## Desired traits for clinical mentors

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- Time
  - Important for all mentoring relationships
  - Clinical mentoring can require significantly more “together” time
- Lack of mentor time commitment, or follow-through on that commitment, is one of the most common problems in mentoring relationships

## Clinical Mentoring vs. Precepting

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- **Mentoring:** a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development.
- **Preceptor:** In medicine, a preceptor is a skilled practitioner or faculty member who supervises students in a clinical setting to allow practical experience with patients.

\*Wikipedia

## Mentees

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- Medical physics residents
- Medical physics students
- Physics faculty/staff
- Physician residents
- Physician faculty/staff
- Non-clinical physicists

## Clinical mentoring in private practice

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- Medical physics residents
- Medical physics students
- Physics faculty/staff
- Physician residents
- Physician faculty/staff
- Non-clinical physicists

## UCD Radiation Oncology

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- 2 physics residents
- 6 physician residents
- The occasional physics undergraduate/graduate student  
(Intro to Therapy Medical Physics course)
- 6 faculty physicists
- Clinical staff

## UCD Physics Residency Mentoring

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- Resident is assigned a mentor for each month
  - There is a set list of clinical and didactic goals to achieve
  - No research goals included
- Resident is assigned a separate “attending” for each specific assigned QA task.
  - Attending duty is primarily teaching/overseeing
- Residency directors and other faculty physicists available if resident desires

## My #1 Priority

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



## Mentoring styles

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



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## My mentoring styles

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- Prescribing
  - Especially with less experienced mentees

“Tell me and I forget, teach me  
and I may remember, involve me  
and I learn.”

- Benjamin Franklin

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## My mentoring styles

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- Advisory and Cooperative
  - Especially as the mentee becomes more experienced
  - Help mentee learn to evaluate and solve clinical problems on their own
- Active Listening
- Friendship
  - If the mentee is open to it

## In general

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- Open door policy
- Hold meetings with the mentee.
  - Assess progress.
  - Discuss directions/goals.
  - Be open to questions.
- Hold the mentee to a standard.
- 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
- Make them think!
- Let them come to their own conclusions

## In the clinic

- LOTS of together time.
- Initially show and tell, but allow mentee hands-on 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 after 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



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## My approach

- 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.

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**Thank you!**

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