Mentored Practice in AOTA Fellowship Programs: An Exploratory Phenomenological Study

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Abstract

American Occupational Therapy Association fellowship programs are an emerging post-professional educational opportunity aimed at developing practitioners in specialized areas of occupational therapy practice. Mentored practice is a critical and substantial component of fellowship programs; however, the experiences of mentors and fellows have not been well described in the literature. The purpose of this study was to describe the mentored practice experience from the perspectives of the fellow and mentor. This study sought to understand the perceived influence mentored practice may have on the advancement of skills and knowledge in specialty practice areas of occupational therapy. A qualitative exploratory phenomenological design was used to understand the fellowship experience. Four fellows and eight mentors from three American Occupational Therapy Association-accredited fellowship programs at a single institution participated in semi-structured interviews and provided an in-depth understanding of the mentored practice experience. Interview data was coded and analyzed for themes. Key themes emerged related to the mentoring experience, mentoring relationship, and the perceived influence of mentoring on skill and knowledge development. The mentoring experience in fellowship programs was consistently reported as beneficial by both mentors and fellows, particularly in conjunction with fellowship program learning activities. Findings suggested fellows perceive mentoring as having a positive influence on the development of skills and knowledge. Results suggested a need for improved mentor training and support as well as continued exploration of best practices for supporting the unique needs of the post-professional learner, specifically in assessment methods and feedback delivery.

Keywords

Occupational therapy, mentoring, fellowship programs, post-professional education

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ABSTRACT

American Occupational Therapy Association fellowship programs are an emerging post-professional educational opportunity aimed at developing practitioners in specialized areas of occupational therapy practice. Mentored practice is a critical and substantial component of fellowship programs; however, the experiences of mentors and fellows have not been well described in the literature. The purpose of this study was to describe the mentored practice experience from the perspectives of the fellow and mentor. This study sought to understand the perceived influence mentored practice may have on the advancement of skills and knowledge in specialty practice areas of occupational therapy. A qualitative exploratory phenomenological design was used to understand the fellowship experience. Four fellows and eight mentors from three American Occupational Therapy Association-accredited fellowship programs at a single institution participated in semi-structured interviews and provided an in-depth understanding of the mentored practice experience. Interview data was coded and analyzed for themes. Key themes emerged related to the mentoring experience, mentoring relationship, and the perceived influence of mentoring on skill and knowledge development. The mentoring experience in fellowship programs was consistently reported as beneficial by both mentors and fellows, particularly in conjunction with fellowship program learning activities. Findings suggested fellows perceive mentoring as having a positive influence on the development of skills and knowledge. Results suggested a need for improved mentor training and support as well as continued exploration of best practices for supporting the unique needs of the post-professional learner, specifically in assessment methods and feedback delivery.

Introduction

In 2012, the American Occupational Therapy Association (AOTA) established the AOTA Fellowship Program (AOTA, n.d.). Fellowship programs were developed in response to the need for diverse and specialized post-professional training opportunities in the field of occupational therapy (OT; AOTA, n.d.). Fellowships, which are post professional training programs modeled after clinical residency training from other health professions, aim to provide advanced didactic and clinical training with the goal of promoting expertise and leadership in specific areas of OT practice (AOTA, n.d.). As of September 2019, there were over 40 approved AOTA fellowship programs nationwide, which represented a wide variety of specialty practice areas (Coppard et al., 2020).

Mentored practice is a critical and substantial component of fellowship programs and aligns with the aim of developing of advanced practitioners in the health professions (Chapman et al., 2019; Furze et al., 2016). Mentored practice within fellowships provides an opportunity for novice or less experienced therapists to receive direct mentoring from experienced practitioners (Coppard et al., 2020). It is the responsibility of each fellowship program to provide and document at least 350 program hours (25% of the required minimum of 1,400 total program hours) of mentored practice. Mentoring activities can vary, but they should fall within the categories of service delivery, caseload management, and professional development (AOTA, 2020).

Growing in prevalence, mentoring is used as an educational strategy throughout medical and health professional training (Wazen et al., 2021). The benefits of mentoring and its perceived importance for novice clinicians are well documented in the health professions literature (Burgess et al., 2018; Henry-Noel et al., 2019). The aim of mentorship in the health professions is to enhance the abilities of the mentee, building their capacity to reach their goals and professional objectives (Burgess et al., 2018). Many consider mentoring as an essential step in professional and personal development (Burgess et al., 2018; Lin et al., 2018).

Mentoring has been described as both an experience and a relationship (Henry-Noel et al., 2019). A central characteristic of mentorship is the connection and nurturing relationship between the mentor and mentee (Hirsch et al., 2020). Lin et al. (2018) suggested the quality of the mentoring relationship heavily influences the success of the mentoring experience. Healthy mentoring relationships should evolve and change to facilitate the development of the mentee and nurture the mentoring process (Lin et al., 2018; Wadhwa et al., 2017). Effective mentoring relationships are described as the *bedrock* of residency and fellowship experiences and critical to the learner's development (Chapman et al., 2019; Wadhwa et al., 2017).

Mentoring experiences and approaches are variable across residency and fellowship programs in the health professions (Buning & Buning, 2019; Coppard et al., 2020). In limited research, the mentored practice aspect of fellowship programs has been suggested to be a key motivator for program applicants and it is perceived as contributing to a successful residency or fellowship (Chapman et al., 2019; Mulligan, 2021). Specifically, the structure and formality of the mentoring experience in residency

and fellowship programs appears to appeal to residents and fellows, with regular meetings, ongoing feedback, and consistent mentorship-based communication being perceived as important and valuable (Chapman et al., 2019; Mulligan, 2021). Mentoring structures and models in fellowship programs are not well described in the literature and currently little is known about the experience of mentors and fellows involved in fellowship programs (Chapman et al., 2019, Coppard et al., 2020).

Occupational therapy fellowship programs offer a distinct value for professional and personal development with the robust mentored practice component (Coppard et al., 2020). Given the differing foundations, variable structures, and overall novelty of the fellowship programs, there is a gap in the literature describing the mentorship experience in OT fellowship programs (Buning & Buning, 2019; Coppard et al., 2020). Furthermore, there is limited research that provides insight into the mentoring relationship in fellowship programs and how this relationship evolves relative to the development of the fellow (Coppard et al., 2020). The overall lack of available evidence suggests it would be beneficial to explore mentor and fellow perspectives on the mentoring relationship and experience specific to OT fellowship programs (Chapman et al., 2019; Coppard et al., 2020). The purpose of this study was to understand the experience and relationship of mentors and fellows in three fellowship programs.

Methodology

The research design featured an exploratory phenomenological approach using a small sample size from three fellowship programs at a single institution. Rooted in an individual's lived experience and perceptions of their experience, the phenomenological approach is focused on understanding and establishing meaning (Tavakol & Sandars, 2014). An exploratory approach was chosen to help describe the experience of mentored practice and perceived influence on skill development during the fellowship experience.

Sample

Potential participants in the study included adult fellowship coordinators, mentors, and fellows in three AOTA-approved fellowship programs at one institution and geographic location. This convenience sample included fellowship programs at an institution where the researcher had an affiliation. At the time of the study, the three programs had a combined total of five fellows enrolled. Fellows were licensed and registered OTs who were currently enrolled in a fellowship program. All fellowship programs provided compensation and benefits to the fellows while they completed the fellowship program (AOTA, n.d.).

Each fellowship program had approximately five to six staff OTs identified as mentors and one to two fellowship coordinators. The fellowship coordinator (or co-coordinator) role involved overseeing and managing the program, including the program curriculum, selecting the mentors and fellows, and program evaluation. The mentor role included being a designated staff member who was responsible for providing one-on-one mentorship to fellows throughout the fellowship or during specific rotations. Program mentors were not paid extra for being a fellowship mentor.

Sample size was carefully considered to understand the target sample, to reach data saturation, and credibly analyze the data collected and report on findings (Marshall et al., 2013). Research related to sample guidelines for interviews has indicated that for phenomenological studies, sample ranges include approximately 6-10 individuals (Trotter, 2012). Based on the available population and a review of similar phenomenological studies, a target sample size of four fellows and eight mentors was set.

Procedures

The researchers obtained institutional review board (IRB) approval at the affiliated university and at the site where the interviews took place (IRB Application #: 21-013447). Potential participants were recruited via email. Informed consent was obtained from each potential participant via a consent form through email correspondence. Prior to agreeing to participate, the researcher provided potential participants with details about the study aims and information about how confidentially would be protected.

Instrumentation

The data collection instrument included a semi-structured interview guide consisting of 10-15 questions exploring several key areas (see Appendix A). Specific questions involved the following areas: the mentoring relationship, the mentoring experience, and the perceived influence of mentoring on skill and knowledge development. The semi-structured interview questions were informed by a robust literature review and revised according to expert opinion. For expert assessment, approximately five clinicians and educators familiar with the fellowships, but not directly involved with the target programs, assessed the appropriateness of the interview questions as they related and aligned with the purpose of the study (Kallio et al., 2016). Subject matter experts were asked to map interview guide questions to the research questions to confirm alignment. Their feedback was used to clarify, reformat, and expand upon the questions in the interview guide.

Data Collection and Analysis

After informed consent was obtained, an interview time was scheduled with each participant. The author conducted all interviews, and each took place virtually, via Zoom (Zoom Video Communications, 2023). Interviews were all one-on-one, lasting approximately 30-45 minutes in length and audio recorded through Zoom's functionality. Confidentiality was preserved throughout this study to reduce any threats of identification by using codes to identify participants and making transcripts anonymous.

Participant responses were transcribed verbatim through Happy Scribe, an automated transcription service that produces efficient, yet high-quality transcripts for research purposes (Pickavance, 2020). After the data was transcribed, it was cleaned. This involved making sure the transcripts were clear and readable by removing repeated words, spelling out any acronyms, removing names or identifying information, and moving data to more appropriate places as needed. Data was uploaded to the coding software, Atlas.ti, for coding and analysis (ATLAS.ti Scientific Software Development GmbH, 2022).

Thematic analysis was used to look for common threads and themes across the interviews (Leech & Onwuegbuzie, 2007). Interview transcripts were closely examined, and elements were grouped to identify constructs, themes, and patterns. A framework approach to data analysis involved five steps: familiarization, identifying a thematic framework, indexing, charting, and mapping and interpretation (Smith & Firth, 2011). Triangulation via manual coding with traditional constant comparison analysis and software with keyword in-text analysis provided a solid understanding of the research problem and offered two perspectives on the data (Leech & Onwuegbuzie, 2007). Results and findings were validated through member checking and peer debriefing, using colleagues and subject matter experts familiar with the fellowship programs, but not directly involved.

Results

Sample Demographics

The sample was comprised of 12 participants, including four fellows and eight mentors. Characteristics are summarized in Table 1. All fellows, three females and one male, identified as new graduate therapists with less than a year of experience. One fellow expressed that they held a previous job in OT following graduation, while the other fellows either reported applying but having difficulty finding their first jobs due to the COVID-19 pandemic or scarcity of jobs in their preferred area. Of the eight mentors (seven female, one male), four identified as a fellowship coordinator or co-coordinator, while the other four identified as currently serving as mentors within the fellowship programs. The mentors held a range of advanced certifications including Assistive Technology Professional, Specialty Certification in Feeding, Eating and Swallowing, Board Certification in Physical Rehabilitation, and Certified Hand Therapist. Three mentors reported having taken a continuing education course on either mentoring or fieldwork education.

Table 1

Participant Demographics

	Fellow (n=4)	Mentor (n=4)	Coordinator (n=4)
Gender			
Male	1	1	4
Female	3	3	0
Years of Experience			
>1	4	0	0
1-5	0	1	0
5-10	0	1	1
10-20	0	1	0
20+	0	1	3
Degree Type			
Master's	1	2	2
Doctorate	3	2	2
Fellowship Type			
Hand Therapy	1	2	1
Dysphagia	1	1	1
Neurological	2	1	2

Research Findings

Based on an extensive review of participant responses, a general framework of themes emerged related to the experience of mentored practice from the perspective of the mentors and fellows. Through coding and analysis, responses and descriptions from mentors and fellows were organized into three major themes. The three themes included: (a) the mentoring relationship; (b) the mentoring experience; and (c) perceived influence of mentoring on skill and knowledge development. Several subthemes within these areas were summarized and differences or similarities in perspectives were described.

The Mentoring Relationship

The mentoring relationship was discussed by mentors and fellows. Their perspectives on the mentoring relationship were reviewed and a framework for describing the mentoring relationship was developed. Three subthemes within the mentoring relationship emerged and included: (a) desired mentor characteristics; (b) desired fellow characteristics; and (c) the progression of the mentoring relationship.

      Desired Mentor Characteristics. Qualities and characteristics important for mentors to possess in fellowship programs were described by both mentors and fellows. Fellows specifically commented on the importance of the mentor being collaborative, approachable, and welcoming towards them. Fellow 3 commented, "I think it's helpful

when the mentors make an effort to make you feel like you're a part of the team". Additionally, Fellow 4 suggested, "I think collaborative is a big buzzword that I keep going back to…being collaborative and open minded is a big one."

Additionally, all fellows reported mutual respect was a desirable characteristic, with a desire for respect from their mentors in professional communication and interactions. Fellow 4 stated, "Mutual respect is obviously important. That's obviously foundational any mentorship relationship." Similarly, Fellow 1 reported, "One sort of litmus test of whether I feel respected by a therapist is if I ask myself, would they talk to another therapist in the same manner if they were giving advice to another therapist?"

Mentors commented about the importance of the mentors being available and approachable. Mentor 4 suggested, "Basically, if I'm in the clinic, whether it's inpatient or outpatient, if you will, if we had a door, we don't have a door. Our door is open." Similarly, Mentor 2 reported, "I think being approachable is important, too, because obviously they have questions. You want them to feel comfortable asking questions". Mentor 5 agreed stating:

> I think the biggest one I was thinking about is like approachable that they can go to that person and be open to say whatever is on their mind…you always have to be ready to take a call, a page from somebody and sit down and talk it through with them.

Both participant groups suggested the mentor should have experience in practice and in education and a wide knowledge base. Fellow 3 reported, "I feel like someone has had at least a couple of years of experience with the given population or the specialty. I feel like we've got a pretty diverse group, which is good." Mentor 5 acknowledged the importance of experience and wide knowledge base as well stating:

> I think being a critical thinker is important, though, too, because the mentor has to be thinking about what the patient needs, but also how to get the mentee to look at it that way and to get them both to their goal and have a wide knowledge base.

Desired Fellow Characteristics. Fellows specifically suggested fellows should have a curiosity and excitement for their practice area. Fellow 2 reported "I just get really excited about something and I don't want to miss the opportunity. So, I always say yes." Fellow 3 expressed a passion for their specialty was a reason behind pursuing the fellowship, stating, "I felt like that was a really nice way to start as a new grad, to get a good foundation and something that I knew I was very passionate about already."

Organization and time management skills were also reflected on by fellows as desired characteristics. Most acknowledged multiple competing demands during the fellowship experience and the need to manage time effectively. Fellow 2 mentioned the importance of organization and time management, particularly related to the rigors of the fellowship program stating:

I have so many things I'm doing right now. One thing that I've tried to learn how to do is like to say, can I follow up tomorrow so that I can really consider what are all my deadlines right now? Can I really add this on, or am I just okay with sacrificing my free time…having that honest conversation with yourself before you over commit and underperform.

Fellows also identified the ability to be an active learner as an important characteristic for fellows to possess. Fellow 2 stated, "Similarly, the ability to direct their own learning was also a significant quality, with initiative and advocating for their learning needs and learning experience as discussion points. Fellow 1 also reflected on this:

I think knowing why you're there and what you want is huge, because that's another thing that makes it so different than grad school where you're there to get good grades and get your degree. It's hard to shake that off here. I still have in my brain sometimes I need to satisfy my professor or get the good grade. And it's not about that anymore. It's about what I need to learn and how I can learn it.

Finally, honest communication and openness to feedback was discussed as an important quality. Fellow 2 commented, "I definitely think being very honest with your mentors, especially during those times where you have kind of those debriefings and things like that's your time to bring things up if you need to, or now being through it." Similarly Fellow 1 suggested, "ideally being very receptive to feedback and not taking it personally".

In contrast, mentors commented that fellows should be able to think critically, honestly assess their performance, and be resilient. Mentor 5 suggested a "want to learn" and an "openness for learning." Mentor 1 reported that a fellow should have certain level of "mental grit." Mentor 2 commented, "I think initiative is probably the big one that stuck out this last year. I think being able to ask questions and take initiative to ask if people need help and I guess taking advantage of learning opportunities, too."
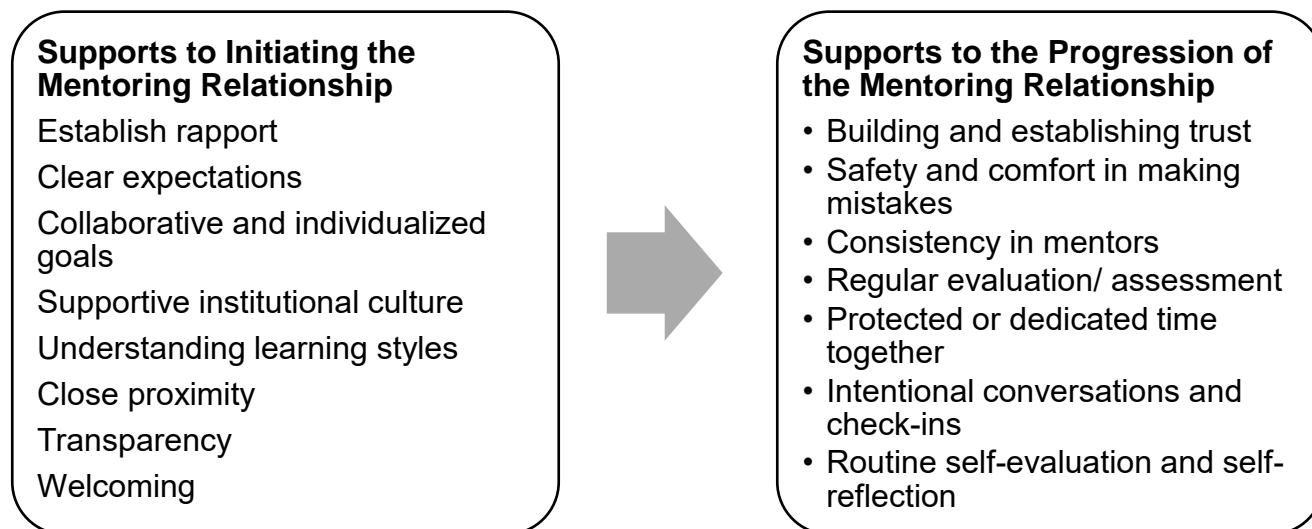
Mentor 6 commented about the importance of the fellow being flexible and adaptable in the learning process reporting: "Give me that adaptability. That's great. But also, being humble because I think there will be times when things go well." Similarly, Mentor 1 commented, "It's about being open to learn new things, take feedback, ask questions, learn, be flexible." Mentor 5 agreed commenting, "When we have been interviewing. I do say flexible is super important for the setting and for what we do."

The Progression of the Mentoring Relationship. Figure 1 summarizes keywords or phrases related to the progression of the mentoring relationship in fellowship programs. Fellows suggested that the mentoring relationship can be effectively initiated when the mentor and institution is welcoming and supportive. Fellow 2 reported, "From the beginning I felt like supported by everybody, even before we got to meet people, was already a culture of like, you don't know us, but you can ask us if you see us in the hall." Both participant groups reported a need for clear expectations for the relationship and learning experience from the very beginning. For example,

Mentor 7 reported, "We've seen it is that need to set expectations clearly and early so people know what is expected of them, and then it's much easier to have that conversation if someone's falling short about what may need to be done." Similarly, Fellow 3 suggested, "I feel like that transparency of expectations at the beginning could be really helpful."

Figure 1

The Progression of the Mentoring Relationship

Supports to Initiating the Mentoring Relationship	Supports to the Progression of the Mentoring Relationship
Establish rapport Clear expectations Collaborative and individualized goals Supportive institutional culture Understanding learning styles Close proximity Transparency Welcoming	• Building and establishing trust • Safety and comfort in making mistakes • Consistency in mentors • Regular evaluation/ assessment • Protected or dedicated time together • Intentional conversations and check-ins • Routine self-evaluation and self-reflection

Fellows described a progression of the relationship over the course of the program. Fellows reported initial feelings of intimidation and vulnerability in their relationship with mentors and the facility. Fellow 1 shared, "We were in a new setting, and we went back to being beginners. And just the way that I was talked to as a beginner again was so hard for me." Fellow 2 also suggested a similar feeling and reported, "I think some of it is just kind of like going through some of those growing pains of learning new roles." Fellow 2 also suggested, I feel like even that took a little while to get comfy because you're, like, new in a new facility or learning all the new places, so it took, like, a while for me to feel comfortable."

Fellows suggested the relationship progressed as their confidence and comfort level increased and their skills developed. Early in the program, fellows expressed a desire to feel safe and supported, while having the ability to make mistakes and learn through collaborative problem-solving with their mentor. Fellow 3 acknowledged the importance of "just the ability to freely ask questions and feel like it's a safe place to do that". Fellow 1 also shared "…through having a really difficult experience and then getting that hard feedback and realizing it was okay and nothing to be afraid of or giving feedback to them and having it well received is a huge trust establishing moment."

Fellows also suggested the importance of having a consistent mentor, particularly in the early days and weeks of the program. Fellow 4 shared, "I think that is one of the best resources that you can have as a new clinician is having one mentor who you can kind of go to and who can be that guiding light." Fellows reported a desire for their mentor to be accessible and to be able to go to their mentor at any time to discuss patients or learning needs. For instance, Fellow 2 reported:

> I think overall, anytime I did have questions with any of the mentors, I never really felt, like, shut down or like, we don't have time for this right now. It always felt like I could get directed to a place where there were resources or like there would be an opportunity to maybe set aside time later if we didn't have the time right away.

Fellows described the development of autonomy as a source of occasional tension in the relationship progression with their mentor. Fellow 1 shared, "There are definitely times where they sort of shoot me out of the nest and I had to struggle a lot. And other times where I tried to fly away, and they wouldn't let me." Fellow 1 also shared, "When the fellowship first starts, I am just like clay in their hands. Anything they tell me helps, and I don't have any strong preferences. As the fellowship goes on, I become more confident and more independent and more prideful."

Mentors reported that the relationship progressed and evolved differently for every learner, with the need for support and guidance being somewhat individualized. Mentor 1 reported, "I would say everyone learns at a different pace, and we would get to two fellows every year, and sometimes one fellow is ahead of the other one." Mentors described an individualized "weaning of support" as the fellow's skills and knowledge grows. Mentor 3 described, "There's just more questions at the beginning, naturally. And so kind of just providing more support and then trying to kind of like wean off some of that support within their time in that module."

Mentors shared there is occasionally some uncertainty about when the fellow is ready to be more independent. Mentor 1 shared, "The challenge is, of course, knowing when the fellow is ready, because at some point we have to take off the training wheels and let them ride on their own." Mentor 8 suggested:

> I think by the end of the fellowship, it's almost to where you're colleague to colleague. And I think that just takes time, and I think it just takes getting to know the fellow and the mentor and just having those repeated encounters together.

The Mentoring Experience
Four subthemes emerged related to the mentoring experience which included: (a) training vs. mentoring distinctions; (b) unclear understanding of fellow role or educational level; (c) mentor desire vs. capacity; and (d) the giving and receiving of feedback. The themes were discussed by both mentors and fellows, yet with different perspectives and experiences related to the themes.

Training vs. Mentoring. Mentored practice in fellowship programs was frequently discussed in contrast to training of new therapists. Mentors and fellows reflected on key differences being related to the type of guidance and support provided. New staff training was described as relatively rapid, with a set of objectives to cover related to department needs and safety guidelines. Whereas mentoring was described as collaborative, learner focused, and directed towards developing clinical reasoning skills. Fellow 1 commented:

> Mentorship is more collaborative, it's more guidance, but it's not, 'this is right, this is wrong'. It's kind of both individuals bring something to the table, and I think that is an important discrepancy, whereas training is kind of like, 'yeah, I'm here to show you the ropes, and this is how it's done.

Mentors also described mentoring as a longer duration than staff training. Often new staff are trained with a preceptor in an area over a few short weeks, with the preceptor incrementally decreasing support. In contrast, mentorship involves sustained communication, guidance, and support throughout the year long fellowship experience. Mentor 5 reported their perspective:

> That's the difference of the fellowship and the training. It's like you train someone and they're gone. Whereas in the fellowship you go through those ten weeks and then you say like, okay, you're on your own, but we're always going to be talking about these people. I think too with the mentor, you always have to be ready to take a call, a page from somebody and sit down and talk it through with them.

Mentors suggested mentoring involves guiding the fellow, providing clinical support, and the sharing of resources, but not necessarily providing "the answers" or the solution to the clinical problem. Mentor 6 shared:

> It's about being good therapist at the end of the road and feel like you have good resources. But that's where that gets tricky because there's not always a right answer. And I think as people come out, they want, what would you do? And it's like, no, what would you do? And building that, like, I want you to come up with a clinical reasoning.

Mentorship was reported as an investment of time, for the growth and development of the fellow. Mentors described a desire to move beyond any tendency to simply train the fellows, but to provide a robust mentorship experience in the fellowship programs. Mentor 6 shared their perspective on mentoring being more about the fellow and less about the projects and processes along the way stating, "I've joked with the fellow like, you're the project. Like, this isn't the project. You're the project. You are what we're trying to flourish into a strong clinician with extra mentorship."

Unclear Learner Level or Role. Fellows and mentors reflected on the uncertainty in fellow role within the learning and professional setting. Fellows described approaching fellowship programs with an unclear understanding of how they would be

viewed and evaluated by staff and mentors in the department. Fellow 3 reported, "It's almost like there's this category of staff that didn't quite exist until now. Trying to figure out how you fit into the dynamic is a little bit challenging." Similarly, Fellow 1 stated:
I think, at least for me, maybe the expectations weren't super clear, whether am I being viewed as a student or am I being viewed as a new staff. And so not really knowing where I sit as part of the team.

Some fellows described at times being treated like a fieldwork student, while others reported a desire to be viewed and treated like a co-worker or new staff member. Fellow 1 shared their perspective on the fluctuating approaches: "So with some sessions, I feel more like a student and then others I feel more like a peer that I'm just getting advice from someone who's more experienced than me." Fellows described this unclear role within the therapy department from a learner perspective, but also from a social perspective. Fellow 3 stated, "sometimes you don't really know where you belong."

Fellows reported having multiple mentors contributed to the confusion, with some mentors treating them more like a student, and others more like a co-worker. In instances where they were treated more like a student, fellows reported feelings of belittlement and disappointment. Fellows expressed a desire to be treated with respect and at times to be given autonomy, advocating they are licensed clinicians with their own views and approaches. For instance, Fellow 3 shared, "I'd much rather feel like I'm treating alongside and they're just guiding me to gain new skills". Similarly Fellow 4 commented, "I think it can very quickly become or seem almost belittling in a sense, because you're not necessarily seen then as a colleague, you're seen more as not even necessarily a student, but someone who's under that person."

Mentors also suggested some role confusion within the mentoring experience. Due to the novelty of the programs, mentors reported it has taken some time to adjust to the role of the fellowship mentor and to tailor the guidance and support accordingly. The level of feedback and evaluation have been consistently reported as areas that should be different than what would be given to the fieldwork student. Mentor 3 discussed their thoughts on the uncertainty, "That it's like I'm not your instructor, I'm not your teacher, but I'm also not just your coworker. So, it is a weird place to be in between." Mentor 6 also provided a slight distinction stating:

> I worked on stepping back when I'm with fellows compared to students in that they're adult learners and finding that balance…So I think that's where it gets different from a fellow to a student is a little bit more of trust in them, and it's their license and it's their decision, whereas with the student, it's my license and my decision maybe a little bit more.

Desire vs. Capacity to Mentor. Another subtheme that emerged was related to the mentor's desire and capacity to mentor. Fellows reported a feeling that sometimes mentors lacked either a desire to mentor or the capacity to mentor. Fellow 2 referred to it as being "invested in the learning process". Similarly Fellow 1 reported:

> I think the fellows recognize when there are people that are doing kind of just the training and maybe have an excitement about the subject matter but don't necessarily have the time and the knowledge to know how to mentor someone. I think they pick up on some of the staff weaknesses in that area, too.

Fellows reported this lack of desire or limited capacity to mentor influences the quality of the mentorship experience in the fellowship programs. Fellow 1 expressed their feelings about mentor capacity and desire:

> I would say the best or my best mentorship experiences have come from therapists who have the capacity and the desire in this moment. If they don't have the capacity, I just feel bad. It's obvious when they don't. And same for the desire. If they really just don't want to be doing it, it's immediately clear.

Mentors described involvement in fellowship programs largely out of a desire to mentor, however some mentors reported being selected due to credentials and availability. Fellows and mentors suggested there are times when a mentor lacks the desire, training, skill, or time to provide a robust mentoring experience. Participants described the importance of both capacity and desire to provide mentoring. Desire to mentor was suggested to involve an internal motivation and passion for teaching and learner, as well as mentor development. For instance, Mentor 4 reported, "People who are honestly enthusiastic about it as opposed to being assigned to it. And that might be enthusiasm that exists in February, that doesn't exist in May, sometimes just as clinicians, depending on where we're at rotation." In contrast, capacity was reported to involve time, resources, and support for providing mentoring. Mentors reported capacity may be influenced by training as well, as some reported a lack of formal training in mentoring and limited experience with post-professional or adult education. Mentor 4 stated:

> I would say the issue has been having clinicians that were not trained as educators knowing how to give somebody an educational experience…without giving them the answers. Like I'm a clinician, I didn't go get my doctorate. I did not get my PhD because I did not want to teach. Being a fieldwork educator is something different. Not totally, but it is something different than mentoring or teaching for an entire year.

The Giving and Receiving of Feedback. Fellows reported concise, clear, and constructive feedback as an important aspect of mentoring experience in the fellowship programs. Particularly early in the fellowship, fellows described a desire to receive increased support and timely feedback. For instance, Fellow 4 reported "I think the ability to offer positive and constructive criticism in a way that's polite and respectful." This was consistent with all other fellows interviewed who suggested feedback should be delivered politely and respectfully. Fellows described an individualized and tailored approach as preferred. Fellow 3 mentioned "I think just identifying what's your fellow way of learning and what's going to be most constructive to their growth prior to just jumping in. But I know that's different for everybody."

Some of the fellows described a desire to receive encouragement and positive affirmation alongside the more critical feedback, per Fellow 1, "three compliments or three positive things for every negative thing or at least one positive thing for every negative thing." Fellow 4 shared, "In the beginning I think I needed a lot of the affirmation from my mentors." Conversely, some fellows reported feedback should always be given honestly and sincerely, rather than with platitudes or sandwiched between positive feedback. For instance, Fellow 1 reflected on their personal preference:

> I want to know the negative thing. And if they say it respectfully, I don't care if they tell me ten negative things and no positive things. I just would rather have the sincere comments than positive versus negative. Sincere and respectful is more important than whether it's good or bad.

Over the course of the program, fellows reported occasional burn-out or fatigue from the frequent and reoccurring evaluation and feedback. Fellow 4 stated, "You're being constantly evaluated and told on what you can improve on." Despite this tension, fellows suggested that feedback has helped them to grow as a clinician and improve skills and knowledge. Fellow 4 shared:

> I really had to go back to the drawing board and in some way go back to student mode. And with that comes a lot of evaluation, assessment. And I think in order to maximize what you intend to add the fellowship, you have to be able to kind of look within and critique yourself, too, and kind of be just cool with the process.

Conversely, mentors commented that the fellow should expect and be prepared for frequent and re-occurring evaluation as this is part of the mentoring experience and fellowship program. Mentor 6 stated, "I think being aware that you are going to be evaluated for a year… it's not personal feedback. It goes back to our goal for you to be a good, solid clinician with good clinical reasoning." Similarly, Mentor 8 suggested:

> One of the things is for the fellow or the mentee to understand is our goal isn't to bring them down, but we're there to look for opportunities of growth and to help them succeed. I think for that fellow to be openminded and flexible with the feedback, for them to internalize and then to apply the feedback.

All mentors described the giving of feedback as a necessary aspect of their role as a mentor and valuable to the fellow. The delivery of feedback was reported to assist in refining and developing the fellow. Mentor 3 reported:

> It's valuable to the fellows because they are getting that feedback in so many different ways. They're getting feedback in a more structured setting when they're in a lecture or in some sort of didactic. They're getting that feedback in that clinical setting when we're with them and unable to give feedback on the spot.

Similarly, Mentor 6 suggested, "And I think being there while they are treating and being able to provide immediate feedback if that's what they prefer. And then right after a session, I think that's super valuable in their own development." Further, Mentor 7 mentioned the importance of consistency, stating, "make sure that you're offering them constructive and positive feedback regarding improvements in that area, but also to make sure that they are providing a consistent message and education." Individualizing feedback and being aware of preferences were described as important as well. Mentor 3 reported:

> What I personally try to do is ask them how they prefer feedback because some people really hate any sort of feedback in a session, and I completely respect that. But then some people are also like, no, just stop me in that moment and help me work through it.

Mentors also described challenges with facilitating hard conversations and providing feedback on performances or behaviors that needed improvement. Some mentors suggested a lack of confidence or having a personality that does not support boldness in providing direct feedback. Mentor 7 reflected on this stating:

> How do you give feedback for maybe like a not-so-great performance, or how do you teach if somebody already feels super confident in something? I don't necessarily have as bold of a personality as some people to just be as blunt. And so just being confident in my own skill to teach when somebody else is maybe overly confident.

Mentors reported objective measures such as rubrics and checklists, developed by program mentors and coordinators, as helpful in providing feedback and evaluating fellows. Mentor 6 reported, "We have an eval rubric and a treatment rubric that we created that we do in each module. They progressively have to get a better score… that's been the most helpful to really quantify where they're at in their learning process." Mentor 3 agreed stating, "I think one area or one way that it's nice that we can objectively track their change is we have these evaluation scoring sheets, which are they are fairly objective." Similarly, Mentor 1 reported:

> For assessments, we use a checklist, which on there we mark what kind of feedback we provided. Did they need cues? Do they need help figuring out what to do, how to proceed with the assessment, what to do next and how to interpret it, and we wait until they get good marks on it, essentially no cues.

Perceived Influence on Knowledge and Skills
All fellows described mentoring as having value in their skill and knowledge development. All fellows suggested mentoring provided a foundation for clinical reasoning and self-directed learning. Specific reported areas of growth included more efficient and independent patient care, improved caseload management and prioritization of patients, courage to treat more complex patients, and an improved capacity to deal with mistakes or challenging situations (see Table 2).

Table 2

Perceived Influence on Knowledge and Skills

Skill Area	Example
Foundation for Future Learning	*"So it's not just the things they teach me. They allow the things I self-teach to feel applicable and resonant and memorable. They open up these categories for future learning."*
More Efficient Patient Care	*"They brought us from hand holding to now I'm seeing eight to ten patients a day without help."*
Improved Caseload Management	*"I feel like I've had great clinical support, great case load management support prioritizing my day. I feel like I've gotten a lot better at that through the mentorship program."*
Courage to Take on Complex Patients	*"I think the greatest value of derived from the mentorship is that it's given me the courage to take on more complex patients."*
Improved Capacity to Deal with Challenges	*"It definitely had a big impact on my overall growth because I got to walk through a lot of those and kind of sit in those uncomfortable moments, but then get through them instead of just sitting in them and being like, oh, I wish that didn't happen."*

Discussion

During the semi-structured interviews, participants provided a wealth of information describing their experiences related to the mentored practice component of fellowship programs. Perceptions on the influence of mentoring on skill and knowledge development were also shared. Based on analysis and interpretation of participant responses, general areas of focus emerged including the mentoring relationship, the mentoring experience, and the perceived influence of mentoring on skills and knowledge.

The Mentoring Relationship

Participants suggested mentors and fellows should possess certain qualities for an optimal mentoring relationship. Ideal mentor qualities included a desire to mentor, experience in providing feedback, expertise in clinical practice, and a welcoming and approachable demeanor. The ideal fellow was reported to be self-directed, active in their learning, curious, and open to feedback. Participants perceived communication and respectfulness as vital for a productive mentoring relationship in the fellowship programs. These characteristics are consistent with the literature on desirable mentor-mentee qualities in the health professions (Burgess et al., 2018; Henry-Noel et al.,

2019; Straus et al., 2013). Although mentoring literature has highlighted personality compatibility as a desirable aspect of the mentoring relationship (Buning & Buning, 2019), participants in this study did not report personality as a major factor in the mentoring relationship. Expertise and character aspects were discussed as desirable qualities with much more frequency.

The results of this study indicated mutual respect and clear expectations were vital to initiating the mentoring relationship. Fellows emphasized the importance of a consistent and accessible mentor. These results align with findings from other studies suggesting that responsiveness, ongoing feedback, and consistent mentorship-based communication were perceived as important components that empower the mentee to develop and grow (Eller et al., 2014; Mulligan, 2021). In addition, frequent and consistent scheduled meetings with the mentor have been reported as an important component of a successful mentorship program in the health professions (Chapman et al., 2019).

Similar to findings from Lin et al. (2018) and Wadwha et al. (2017), results from this study attest that the mentoring relationship evolves over time in fellowship programs. Responses from participants suggested trust and rapport were the catalyst for progressing and cultivating the mentoring relationship over time. Mentors and fellows described a gradual and individualized progression toward autonomy during the fellowship program, with significant assistance and guidance needed in the beginning of the program continuing towards an eventual colleague-colleague relationship at the end.

The Mentoring Experience
Both mentors and fellows expressed that mentored practice in fellowship programs was a beneficial and positive experience. Mentoring in the fellowship program was reported to aid in the development of the fellow and promote confidence, autonomy, and clinical reasoning. These findings align with the literature on the benefits of mentoring in the health professions and the influence on the development of the mentee (Henry-Noel, 2019; Yoon et al., 2017).

Central to the mentoring experience is the giving and receiving of feedback. Differing preferences were reported from fellows, suggesting that tailoring the feedback delivery and approach in the fellowship program may support the individual's preferences and learning needs. This is consistent with the literature suggesting tailoring mentoring approaches and individualizing feedback delivery may promote learning and development (Martin et al., 2021). Unfortunately, participant responses indicated that some mentors may not have the training or experience in providing constructive feedback. Mentors reported a lack of confidence and challenges in facilitating conversations about performance as well as concerns about having the skills to provide a robust mentorship experience in the fellowship programs. A lack of experience in mentoring has been found to be a barrier to productive mentoring in the literature (Burgess et al., 2018).

Unclear fellow roles and expectations was another theme that was discussed by both mentors and fellows. Considered more advanced than a fieldwork student, yet not viewed completely as a coworker, the novelty and uniqueness of the fellow role appears to create uncertainty at times within the learning and professional settings. Results suggest fellows desire to be respected and autonomous, with distinctly different mentoring and guidance than a fieldwork student or new employee. At this time, no research has been completed comparing the differences in mentoring approaches in fellowship programs and clinical education.

Perceived Influence on Skills and Knowledge
Fellows were overall very positive about the influence of mentoring on the development of skills and knowledge. There was a clear and evident perceived value associated with participating in a fellowship program and specific improvements in confidence, efficiency, and capacity to deal with complex professional and clinical scenarios have been reported. Fellows perceived mentoring as helping to support a major fellowship program aim of equipping practitioners to meet the demands of a more skilled and specialized workforce (Coppard et al., 2020). This information confirmed prior mentoring research from Whitman et al. (2020) who reported a substantial perceived impact on professional development and clinical skills.

<div align="center">Limitations</div>

A convenience sample of participants from a single geographic location and institution were recruited and enrolled in this study. Findings may not be representative of the entire population of fellows and programs. Secondly, although the data collection tool was developed by the author from a review of the current literature, and reviewed by subject matter experts, questions included in the interview guide could have influenced participant responses. Eliciting responses with a validated tool in future studies could promote increased trust in the results and findings.

The author, a novice interviewer, conducted all the interviews and could have asked questions and facilitated the interviews in such a way that influenced the responses. Self-reporting of experiences by fellows and mentors could be biased by their desire to promote fellowship programs and report a positive experience. Further, participant responses could be biased by their relationship or lack of relationship with the interviewer, and overall comfort level. Interviews offered only a one-time retrospective account of experiences and perceptions. Findings could be influenced by the timing of the interview and may not represent feelings at various points during the mentoring experience.

A transcription service was used to transcribe interviews and assist in data organization, and technological errors could have occurred in this process. Although the coding strategy and coded data was reviewed by a subject matter expert, the author prepared the data and completed the coding independently. Coding errors and biased analysis could limit the credibility and validity of the results. Analysis and interpretation could be influenced by the author's past experiences as a mentor in a fellowship program.

Member checking and subject matter expert reviews were completed to mitigate bias; however, themes that were developed reflected the author's interpretation of the data. Triangulation with multiple researchers completing independent coding could strengthen analysis and interpretation in future studies.

Recommendations for Future Research
Results from this study may support future research on fellowship programs that features a larger and more diverse sample. Perceptions of mentors and fellows representing a wider array of fellowship programs, institutions, and geographic locations would provide a better understanding of the experience of mentors and fellows. Examining and describing specific mentorship models, delivery methods, and structures used in fellowship programs would be beneficial. Further research should also be conducted to determine mentoring effectiveness and outcomes of mentored practice, specifically in relation to skill and knowledge development, as well as preparedness for practicing in specialty areas. It may also be very helpful to complete comparative studies with therapists that received structured mentoring experiences in fellowship programs with therapists that did not complete fellowship programs.

Recommendations for Fellowship Programs
The results of this study support the continued development of training and resources for mentors. Mentors reported a lack of training and competency in providing mentorship to fellows and facilitating a post-professional educational experience. Currently there is no credentialing or certification requirement provided through the AOTA. Developing training modules and a mentoring handbook should be priority for the AOTA to assist in optimal mentoring preparation and support. Fellowship sites may also consider developing their own resources for mentors to establish standard guidelines and support onboarding of new mentors.

Ambiguity regarding the level of learner, learning needs, and target outcomes appears to cloud mentoring in fellowship programs. Standardized guidelines and learning objectives may help to clarify the role and expectations of the fellow as a learner and staff member. The AOTA should consider ways to support the unique needs of the post-professional learner and evaluate how these needs might differ from other forms of clinical education.

Mentors suggested fellowship programs are in a constant state of development and improvement. Fellowship programs should consider collecting data from their programs to better understand mentoring activities, curricular content, and the effectiveness of the learning activities. Data should include information on the type, frequency, and timing of assessment as this was reported as significantly contributing to fellow burnout. Fellowship programs should consider offering a variety of assessment methods and techniques appropriate for the post-professional learner.

Conclusion

This study may be the first to describe the mentored practice component of AOTA fellowship programs from the perspective of the mentors and fellows. Analysis of interview responses identified several themes related to the mentoring experience and mentoring relationship. Results also provided an understanding of the perceived influence of mentoring on skill and knowledge development from the perspective of the fellow.

Key findings included descriptions of the development and evolution of the mentoring relationship over time. Desirable characteristics of a mentor and fellow were identified. Qualities of a successful mentoring relationship were described, with mutual respect, support, and communication being consistently reported as important by both mentors and fellows. Results emphasized the importance of regular, protected time with a consistent and accessible mentor.

Findings highlighted the importance of tailoring the learning experience to reflect unique needs of the post-professional learner. Results indicated fellows desire to be respected and autonomous, with distinctly different mentoring and guidance than a fieldwork student or new employee. Variable and individualized preferences were reported related to the giving and receiving of feedback, which may indicate the importance of open communication between the mentor and fellow on the timing, frequency and type of feedback that may occur during the program. Finally, results identified assessment and evaluation practices in fellowship programs as a significant stressor to fellows, who reported a sense of burnout or fatigue from being assessed and evaluated repeatedly over the course of the program.

The mentoring experience in fellowship programs was consistently reported as a positive and beneficial experience by both mentors and fellows. Findings suggest fellows perceive mentoring as having an overwhelmingly positive influence on the development of skills and knowledge. Overall, participating in mentored practice in fellowship programs was reported to be associated with perceived improvements in confidence, efficiency, and capacity to deal with complex professional and clinical scenarios. Results from this study may support future research on fellowship program characteristics and outcomes featuring a larger and more diverse sample size. Findings may suggest a need for increased mentor training and continued attention to determining best practices in supporting the unique needs of the post-professional learner, specifically in assessment methods and feedback delivery.

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Appendix A

Interview Guide

Mentoring Experience Related Questions
1. Tell me a little about your role as a mentor/fellow in a fellowship program.
    a. What activities or responsibilities does this role involve?
2. How or in what ways do you feel mentoring is valuable?
    a. Provide examples if possible.
3. What makes mentoring difficult?
    a. Describe challenges you have faced during this fellowship experience.
    b. Provide examples if possible.
4. Are there mentoring techniques or activities you feel have been particularly useful during the mentoring experience?
    a. Consider the following categories from AOTA guidelines: service delivery, caseload management, professional development.

Mentoring Relationship Questions
1. What makes a successful mentoring relationship?
    a. Provide examples.
2. What are important qualities or characteristics needed (for both parties) in a mentoring relationship?
    a. Describe. Provide examples.
3. How/in what ways is a mentoring relationship established in fellowships?
    a. How is it developed during the program?
4. What challenges have you faced in establishing and developing the mentoring relationship?
5. Describe the process/evolution of the mentoring relationship as the fellow in the transitioning towards autonomy or self-reliance over the course of the fellowship experience.
    a. How is this best facilitated (activities, behaviors, etc.)?
    b. What challenges have your faced as the fellow transitions towards autonomy or self-reliance? Is there a particular sticking point?

Perceived Value Related to Skill Development Questions

For Fellows only

1. How valuable is mentored practice to your professional development?
    a. Describe/Provide examples.
2. Has/Is the mentored practice component of this fellowship program influencing your skill or knowledge development in your specialty area of practice?
    a. How so? Provide examples.
3. What should a mentor do to help you cultivate your growth as a clinician?
    a. What could they do different in fellowship programs than they are currently doing?
4. Looking back on your experience in the fellowship program, what is needed to improve/facilitate professional development with regard to the mentored practice component of fellowship programs?