APTA Guide to Successful Mentoring

APTA

American Physical Therapy Association

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Introduction

Mentoring includes characteristics of both the mentee and the individual providing support to the mentee. The way mentoring is described or delivered may adjust depending on the field or setting to which it is applied, but it is likely that any role in physical therapy benefits from some element of mentorship.

(Sources: Blake-Beard, 2021; Burgess, 2020; Erickson, 2018; Henry-Noel, 2019.)

Within the health professions, mentoring includes not only developing the mentee's expertise in knowledge, skills, and behaviors within clinical practice but also includes honing their ability to successfully communicate and interact with others in different situations. In other words, mentoring in this context should aim to elevate both clinical and nonclinical areas of practice.

Mentorship can occur at any time throughout a physical therapist's and physical therapist assistant's career for continued growth and development. Mentorship is different from **instructing** and **precepting**; however, these three activities can coexist during an individual's professional development.

The intent of the "APTA Guide to Successful Mentoring" is to describe mentoring applicable for all professional roles of a physical therapist and physical therapist assistant across the **learner continuum**, understanding that being a learner is a career-long role.

This guide:

- Identifies the mentee as a learner at any point along one's career path in any setting
- Identifies qualifications of the mentor
- Outlines responsibilities of the mentor and mentee
- Delineates characteristics of the mentor and mentee
- Establishes recommendations for mentoring
- Provides resources to the mentor and mentee supporting a successful mentoring relationship
- Applies concepts of mentoring to physical therapist residency and fellowship education
- Defines mentoring in the context of the physical therapy profession in clinical and nonclinical areas of practice

Defining Mentoring

The contributors to the "APTA Guide to Successful Mentoring" developed a working definition of "mentoring" based on several reference works:
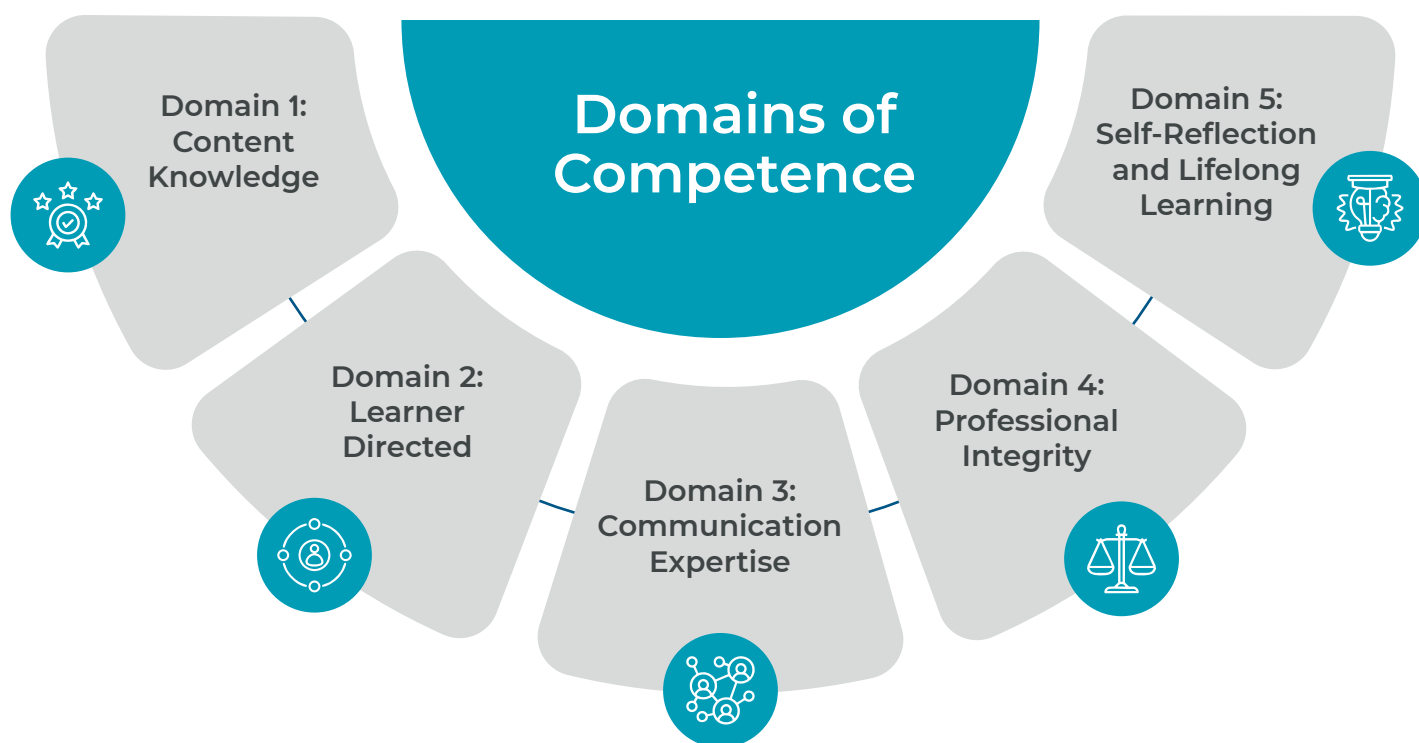
Mentoring is a mutually beneficial relationship between mentor and mentee that promotes the mentee's integration of knowledge, skills, and attributes toward defined and evolving goals.

(Sources: Blake-Beard, 2021; Burgess, 2020; Fleming, 2013; Geraci, 2017; Henry-Noel, 2019; Sng, 2017.)

Mentoring Qualifications

There are five critical **domains of competnce**, with associated competencies required of mentors. These domains are inclusive of any learner on a lifelong path of growth and development.

(Sources: Cho, 2011; Geraci & Thigpen, 2017; Henry-Noel, 2019.)

Domains of Competence

Domain 1:
Content Knowledge

Domain 2:
Learner Directed

Domain 3:
Communication Expertise

Domain 4:
Professional Integrity

Domain 5:
Self-Reflection and Lifelong Learning

Domain 1: Content Knowledge

Descriptor: The mentor must exemplify expertise in advanced practice, demonstrate continued pursuit of excellence, and ability to share expertise with mentee.

Associated competencies:

- Facilitates established and evolving knowledge of advanced practice for effective and efficient problem solving and solution management
- Cultivates a positive learning environment that allows for progress and innovation
- Supports the development of traits such as decision-making, **self-reflection**, and collaborative relationships
- Demonstrates the ability to integrate a visual, auditory, or kinesthetic approach to learning
- Pursues knowledge of current events and trends in health care industry that affect the profession
- May include efforts in clinical and nonclinical environments

(Sources: Buccieri, 2011; Ezzat, 2012; Fleming, 2013; Jones, 2019; Kelly, 2007; Opengart, 2015; Srinivasan, 2011; Straus, 2013.)

Domain 2: Learner Directed

Descriptor: The learner-directed mentor recognizes the mentee as a whole person with distinct learning goals. This is accomplished through demonstrating a commitment to emphasizing the mentee's social, mental, emotional, and spiritual needs as well as their strengths, preferences, values, and areas for growth. The mentor strives to supportively put the mentee in control of decisions about their learning. This perspective demonstrates a duty to the mentee's success and well-being and intentionally fosters development of the mentee's professional roles.

Associated competencies:

- Uses **adult learning theory** to create an effective learning climate in which learning is facilitated, including but not limited to mentee's:
  - **Self-directed learning**
  - Readiness to learn
  - Problem-centered discussions
  - Ability to build on professional and personal experience
  - Ability to recognize relevant and connected concepts
  - Ability to recognize there is more than one answer
- Intentionally diagnoses a mentee's knowledge, skills, and behaviors to foster their development along the novice-to-expert continuum in:
  - Clinical reasoning
  - Professionalism
  - Ethical decision making
  - Interprofessional collaborative care
  - Advocacy
  - Leadership

- Demonstrates respect for the mentee through:
    - Explicitly valuing the mentee's contributions to the teaching-learning environment
    - Displaying sensitivity and responsiveness to the mentee as an individual, including respect for their privacy, autonomy, and professional boundaries
    - Displaying sensitivity and responsiveness to mentee diversity, identity, cultural background, and lived experiences
    - Considering learning preferences but encouraging flexibility in a variable learning environment
- Establishes adaptability by investing in each mentee's growth and skill development by:
    - Eliciting each mentee's self-discovery of barriers to growth and their work to overcome them
    - Recognizing when mentees are in distress and providing appropriate resources to guide and assist them
- Displays the ability to adapt learning strategies in predictable and unpredictable situations to optimize the mentee's experience

(Sources: Akyildiz, 2019; Atkinson, 2011; Buccieri, 2011; Clawson, 1980; Davis, 2010; Ezzat, 2012; Fleming, 2013; Garmel, 2004; Geraci, 2017; Jensen, 2000; Jones, 2019; Kelly, 2007; Kosior, 2019; Opengart, 2015; Robinson, 2020; Srinivasan, 2011; Straus, 2013.)

Domain 3: Communication Expertise

The mentor must demonstrate the capacity to leverage verbal, nonverbal, and written strategies to interact in a manner that clearly and constructively communicates with the mentee.

Associated competencies:

- Demonstrates high **emotional intelligence** (discerning, insightful, intuitive)
- Promotes the development of salient expectations and goals that stimulate continued learning and professional growth
- Knows how and when to ask intentional guided questions to facilitate problem solving and reasoning to optimize desired outcomes
- Provides specific, honest feedback to each mentee in a caring and constructive manner
- Facilitates dialogue for successful difficult conversations
- Facilitates dialogue and understanding during times of professional conflict
- Demonstrates active listening that supports the development of meaningful **formative** and **summative feedback**
- Tailors communication and educational strategies to optimize learning, based on the learning context and mentee's needs
- Possesses open-mindedness and has a nonjudgmental communication style
- Engages in problem solving that is sensitive to the social and cultural context of patient care and the professional setting

(Sources: Buccieri, 2011; Davis, 2010; Eller, 2014; Fleming, 2013; Geraci, 2017; Jones, 2019; Kelly, 2007; O'Brien, 2011; Opengart, 2015; Srinivasan, 2011; Straus, 2013; Wolff, 2021.)

Domain 4: Professional Integrity

The mentor must model, discuss, instruct, and promote professionalism.

Associated competencies:

- Inspires mentees to achieve excellence in their field of expertise by modeling professional behaviors
- Exhibits honesty, accessibility, approachability, motivation, accountability, supportiveness, encouragement, and respect for and by peers in the field
- Demonstrates effective leadership behaviors and organizational skills in a collaborative environment
- Adheres to ethical principles in teaching, mentoring, research, and practice, demonstrating compassion and integrity
- Remains accountable for actions and follow-through on agreed-upon activities in a timely fashion
- Embraces, evokes, and actively develops the profession's core values and ethical behaviors
- Ensures that clinical and nonclinical management strategies are **evidence-informed** and include **social determinants of health**
- Supports teamwork and collaboration within and across professions and disciplines

(Sources: Berk, 2005; Burgess, 2020; Clawson, 1980; Davis, 2010; Eller, 2014; Garmel, 2004; Geraci, 2017; Henry-Noel, 2019; O'Brien, 2011; Srinivasan, 2011; Straus, 2013; Sweeney, 2023.)

Domain 5: Self-Reflection and Lifelong Learning

The mentor must demonstrate continuous **self-reflection** and **lifelong learning** to ensure effectiveness as a mentor.

Associated competencies:

- Reflects routinely on mentoring practices, gathers feedback, and develops a plan to improve skills (Do, Review, Plan)
- Actively seeks input and feedback from multiple sources, including mentees about the quality and effectiveness of one's mentoring
- Modifies mentoring techniques and approaches to facilitate mentee-centered application of adult and **problem-based** learning
- Reflects upon and guides mentee's **self-reflection** of clinical capabilities, expertise, clinical decision making, and clinical outcomes
- Develops personal educational goals based on self-assessment and possesses the insight to implement a plan to achieve those goals
- Seeks professional development opportunities to improve mentoring, teaching, and clinical/ professional expertise

(Sources: Akyildiz, 2019; Buccieri, 2011; Garmel, 2004; Robinson, 2020; Sambunjak, 2009; Srinivasan, 2011.)

Mentoring Responsibilities

The mentor and mentee will most likely share a successful mentoring relationship if they commit to the following responsibilities:

Mentor	Mentee
Commits to mentoring	Commits to being an active collaborator in the mentoring relationship
Is willing to engage in **crucial conversations** when critical issues are identified	Is willing to engage in **crucial conversations** when critical issues are identified
Provides timely, clear, and comprehensive feedback regarding mentee's performance, development, and competence	Receives and considers feedback to make changes as applicable
Encourages and acknowledges mentee's ideas and professional contributions	Is willing to share ideas and contribute professionally
Fosters and assists in mentee **self-reflection** practices	Routinely engages in **self-reflection** on performance
Facilitates and challenges the mentee to improve and expand depth and strength of knowledge, skills, and abilities as an active adult learner through **evidence-informed** strategies	Extrapolates (applies) and synthesizes (integrates) knowledge, skills, and abilities as an active adult learner
Identifies, recognizes, and eliminates explicit biases to respectfully nurture mentee's independence, creativity, and uniqueness	Identifies, recognizes, and eliminates explicit biases to develop one's unique professional trajectory
Continually assesses one's well-being and seeks assistance as needed	Continually assesses one's well-being and seeks assistance as needed
Considers, provides, and helps mentee discover various resources throughout the relationship	Takes the initiative to maximize learning opportunities and engage in the discovery process

(Sources: Akyildiz, 2019; Atkinson, 2011; Bickel, 2011; Blake-Beard, 2021; Burgess, 2020; Clawson, 1980; Davis, 2010; Ezzat, 2012; Fleming, 2013; Jensen, 2000; Jones, 2019; Kelly, 2007; Kosior, 2019; Matsuyama, 2019; Osman, 2018; Purwati, 2022; Straus, 2013; Sweeney, 2023; van Ede, 2023; Young, 2014.)

Characteristics of a Mentor and Mentee

A positive, successful, mentoring relationship will most likely be achieved if the mentor and mentee model the following characteristics:

- **Growth Mindset**
- Curious and inquisitive
- Engaged and consistent
- Candid and transparent
- Altruistic and genuine
- Navigates ambiguity
- Effective communicator
- Attentive and active listener
- Integrity
- Collaborative and cooperative
- Respectful
- Self-aware
- Active learner and **lifelong learner**:
  - **Intellectual humility**
  - Eagerness to learn
  - **Self-directed**

- Accountable and responsible
- Enthusiastic and passionate
- Organized and disciplined
- Conscientious
- Creative and adaptable
- Demonstrates unconditional positive regard:
  - Open-minded
  - Open to feedback
  - Empathetic
  - Values diversity of perspectives
  - Grace
- Grit and resilience

(Sources: Blake-Beard, 2021; Cho, 2011; Clawson, 1980; Davis, 2010; Fleming, 2013; Geraci, 2017; Jensen, 2000; Kelly, 2007; Liu, 2021; Matsuyama, 2019; Robinson, 2020Straus, 2013; van Ede, 2023.)

Mentors and mentees should complete a self-assessment to determine their readiness for the mentoring relationship. An example is provided within Appendix A. In addition, mentors and mentees should complete and discuss the self-assessment at least annually for the purpose of continuous improvement and demonstration of their commitment to **lifelong learning**. Reflecting on current and former self-assessments promotes ongoing mentorship development and facilitates maintaining a positive and successful mentoring relationship.

Establishing a Structured Mentoring Program for Physical Therapist Residency and Fellowship Education

Pursuant to the House of Delegates position "American Board of Physical Therapy Residency and Fellowship Education Recognition" (HOD P06-18-40-43): APTA recognizes the American Board of Physical Therapy Residency and Fellowship Education as the agency for the accreditation of physical therapy residency and fellowship education programs. ABPTRFE determines the standards a residency or fellowship education program must comply with to be accredited, as outlined in the 2024 ABPTRFE Processes and Procedures document, sections of which are referred to in the related quality standards below.

When establishing a structured mentoring program within a physical therapist residency or fellowship education program, **ABPTRFE quality standards (clinical and nonclinical)** must be reflected on and incorporated.

Specifically:

- **Program leadership.** The mentoring program must include a qualified program director (Key Element 3.4) or program coordinator (Key Element 3.5) who encompasses and models the majority of Mentor Characteristics (Section V).
- **Mentors.** The mentoring program must include qualified mentors (Key Element 3.6.3. Non-Clinical programs; Key Element 3.6.5. Clinical residency programs; Key Element 3.6.6. Clinical fellowship programs) who demonstrate the five **domains of competence** for mentors (see Mentoring Qualifications) to provide a structured learning process for the mentee.
- **Roles and responsibilities.** The roles and responsibilities of the program director (Key Element 3.4): program coordinator (Key Element 3.5): faculty including mentors (Key Element 3.6): and resident or fellow should be transparent and clear to all involved in the effective mentoring relationship (Sections IV, Section V, and Appendix A).
- **Professional development.** The mentoring program must have an established process (Key Element 3.6.7) for expansion of mentor's knowledge, skills, and competencies in mentorship and as it relates to the program mission, goals, and outcomes (Quality Standard 1).
- **Program delivery.** The mentoring program should:
  - Include preserved time to complete mentoring (Key Elements 2.2.2 and 2.2.3) between the mentee and mentor.
  - Possess clear structure of an effective mentoring session predominantly including briefing, active mentoring interaction with patient management, and debriefing (Key Element 2.4 and ABPTRFE Mentoring Observation Evaluation template).
  - Regular communication with program leadership — program director, program coordinator, and faculty including mentor(s) — to meet the goals and needs of the resident or fellow (Key Elements 3.2 and 5.2) and enrich the mentoring relationship.
  - Include assessment of the success of the mentorship, including resident or fellow feedback throughout the mentoring relationship (Key Elements 5.1, 5.4 and 5.6).
  - Target resident and fellow competency progression through established and clearly outlined milestones (Key Elements 2.1.5 (Clinical Programs) and 5.2).

Summary

The "APTA Guide to Successful Mentoring" is designed to facilitate a mutually beneficial, intentional, and ongoing relationship between mentors and mentees in any environment. It does this by providing a widely applicable mentoring definition and outlining the qualifications, responsibilities, and characteristics of the mentor and mentee. Regardless of a PT's or PTA's role or position — clinician, resident, administrator, PhD student, or faculty member — mentoring relationships are beneficial, and this manual will help maximize their effectiveness.

Mentors and mentees are encouraged to systematically assess and reassess their skill sets in multiple settings, among different target populations or audiences, and in both clinical and nonclinical scenarios. Mentors and mentees also are encouraged to share their self-assessment findings with each other to identify strengths and areas for improvement so that an optimal relationship can develop. It is the responsibility of both the mentor and mentee to ensure that each of them contributes to the growth of the mentoring relationship.

Developing as a mentor or a mentee is a continuous and iterative process. It is customary for a mentor and mentee to debrief about the content of a mentoring session at some point after a patient encounter or learning event has occurred. In this way there is a discrete time, an agreed-upon location, and specific content for feedback to be exchanged about the actions taken or not taken during that planned mentoring event.

Mentoring can also occur in a less-structured manner during other times, such as via email or phone after **self-reflection**, and at a meeting, presentation, or other form of didactic instruction, where the concepts or ideas being mentored or modeled are not tied to a specific situation, patient, setting, event, time, or place.

Time devoted to cultivating a trusted mentor-mentee relationship can have lasting benefits that are not bound by time or constrained by the requirements of a specific program. In other words, an optimal relationship should be regarded as one that is accessible at any time that mentoring is needed.

Glossary of Terms

Adult Learning Theory. Theory by Malcolm Knowles that proposes adults are self-directed and independent learners who take control of their own learning. Adult learning is customized to the learner and comprises six assumptions or characteristics. self-concept, learning experience, readiness to learn, motivation, need to know, and problem-centered (Lewis, 2021; Purwati, 2022).

Crucial Conversations. Discussions between two or more people where stakes are high, opinions vary, and emotions run strong; a communication strategy around the ability to talk openly about controversial topics (Grenny, 2021).

Domains of Competence. Broad, distinguishable areas of competence that collectively establish a general descriptive framework for a profession (Englander, 2017). Domains of competence have been established for entry into physical therapist practice (Timmerberg, 2024): resident graduation/entry into specialist practice, and mentors.

Emotional Intelligence. The ability to understand and manage one's own emotions as well as recognize and influence the emotions of others (Salovey, 1990).

Evidence-Informed Strategies. An approach to patient care that encourages practitioners to be knowledgeable about findings coming from all types of studies and to use them in an integrative manner, taking into consideration clinical experience and judgment, clients' preferences and values, and context of the interventions (Kumah, 2022).

Formative Feedback. Assessment methods used to monitor participant learning and provide ongoing feedback to participants during the learning experience. Results can be used by faculty to improve their teaching and allow participants to increase their learning. These assessments are used as one indicator to predict final participant evaluation results.

Growth Mindset. The belief that one's basic qualities are things that can be cultivated through efforts, strategies, and help from others (Dweck, 2007).

Intellectual Humility. Metacognition process characterized by recognizing the limits of one's own knowledge and acknowledging fallibility (Costello, 2024).

Instructing. Directly teaching, guiding, supervising, and formally assessing an individual during an education experience.

Learner Continuum. A period of time that begins when prospective students are considering a career in physical therapy and ends when they exit their practice as a physical therapist or physical therapist assistant.

Lifelong Learning. The systematic maintenance and improvement of knowledge, skills, and abilities through one's professional career or working life. The APTA House of Delegates characterizes lifelong learning as the ongoing process by which the quality and relevance of professional services are maintained (HOD P05-07-14-14). It is further defined as a form of self-initiated education that is focused on personal development. The means to achieve this could result in informal or formal education and the officiation training following undergraduate education that differs from traditional postgraduate and doctoral programs (Andreev, 2024; Krespani, 2021).

Precepting. Short-term specialized instruction, guidance, and supervision provided to an individual.

Problem-Based Learning. Described in the 1970s as a learning tool in which learners focused on a problem and used their previously gained knowledge to think rationally about solving the problem. More recently, it is an active intellectual process that uses learning strategies related to problem-solving, self-directed learning, and small-group tutorials, in which tutors play an important role in facilitating learner group discussions. Complex real-world problems are used as a vehicle to promote learning of concepts and principles as opposed to direct presentation of facts (Karimi, 2011).

Self-reflection. The means of learning from experiences to advance one's expertise, but also to navigate through complex problems that arise in professional practice (Ziebart, 2019; Schmalz, 2022; Belenkova, 2021).

Self-Directed Learning. A general approach to learning in which the learner takes responsibility for self-identifying gaps in knowledge and skills and then applies self-regulated learning strategies to remedy these gaps (Papanagnou, 2024).

Social Determinants of Health. Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (American Physical Therapy Association, 2023; World Health Organization, 2024).

Summative Feedback. Assessment methods used at the end of educational methods that focus on participant performance and achievement of program outcomes.

Background and Acknowledgments

In 2023, APTA engaged a group of content experts to review the 2014 Mentoring Resource Manual, which focused on mentoring within residency and fellowship education. The Mentoring Work Group identified necessary changes and modifications based on current literature and worked to widen its application to nonacademic environments.

As a result, the "APTA Guide to Successful Mentoring" is intended to include and expand beyond residency and fellowship education to incorporate all learning environments. Wide public feedback was sought from within and outside the physical therapy profession on the definition of mentoring. The work group refined the definition based on feedback received.

APTA would like to thank the members of the Mentoring Work Group who dedicated their time and efforts in creating this resource:

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Appendix

Mentor Skills Self-Assessment and Reflection

Name: Date:

Key: 1=Never, 2=Rarely/seldom, 3=Sometimes, 4=Often, 5=Always	1	2	3	4	5
Since my last self-assessment:					
1. I approach ambiguous situations with curiosity, inquisitiveness, and an open mindset.					
2. I am aware of my growth areas and seek resources and learning opportunities to develop these skills.					
3. I am an attentive and active listener.					
4. I am open to feedback and value diversity of perspectives.					
5. I have the professional/work skills and knowledge to be an effective mentor.					
6. I am accessible and available for discussion and to act as a resource.					
7. I communicate in an effective and open manner.					
8. I deliver feedback transparently and honestly.					
9. I focus each interaction with mentees on their level of learning.					
10. I demonstrate a compassionate and professional attitude with mentees.					
11. I am fair and direct with mentees.					
12. I ensure all my mentorship responsibilities are upheld.					
13. I explain to mentees the consequences for not following through with mentorship expectations.					
14. I take into consideration different learning preferences and stages of learning and modify mentoring on an individual basis.					
15. I encourage self-directed learning, problem-solving, self-reflection, and critical thinking in my interactions with mentees.					
16. I am self-reflective in my own professional practice.					
17. I am organized and prepared.					
18. I am willing to stick it out when there are challenges with mentees.					
19. I assume mentees are doing their best.					

Self-Reflection

1. How is your mentoring different than clinical instructing or precepting?

2. What professional development experiences (formal or informal) have you engaged in the past year to enhance your mentoring skills?

3. In what areas do you add value to a mentee's learning experience and the mentoring relationship that is unique to you/your practice/skills set?

4. Consider the following characteristics needed of a mentor to create a positive, successful mentoring relationship, and identify areas for improvement in your mentoring skill set:

- Growth mindset
- Curious and inquisitive
- Engaged and consistent
- Candid and transparent
- Altruistic and genuine
- Navigates ambiguity
- Effective communicator
- Attentive and active listener
- Integrity
- Collaborative and cooperative
- Respectful
- Self-aware
- Active learner and lifelong learner
    - Intellectual humility
    - Eagerness to learn
    - Self-directed

- Accountable and responsible
- Enthusiastic and passionate
- Organized and disciplined
- Conscientious
- Creative and adaptable
- Demonstrates unconditional positive regard
    - Open-minded
    - Open to feedback
    - Empathetic
    - Values diversity of perspectives
    - Grace
- Grit and resilience

5. Based on the items identified in Question 4, how can your personal improvements enhance a mentee's experience?

6. What professional development experiences (formal or informal) can you engage in to enhance your mentoring skills?

Mentee Skills Self-Assessment and Reflection

Name: Date:

Key: 1=Never, 2=Rarely/seldom, 3=Sometimes, 4=Often, 5=Always	1	2	3	4	5
Since my last self-assessment:					
1. I am aware of my growth areas and seek resources and learning opportunities to develop these skills.					
2. I am an attentive and active listener.					
3. I am open to feedback and value diversity of perspectives.					
4. I demonstrate a growth mindset in my professional interactions.					
5. I communicate in a genuine, collaborative, cooperative, and open manner.					
6. I deliver and receive feedback honestly and respectfully.					
7. I demonstrate a professional attitude during mentorship interactions.					
8. I demonstrate a compassionate and professional attitude with my mentor.					
9. I am a self-directed active lifelong learner, wanting to grow beyond my current situation, demonstrating intellectual humility and an eagerness to learn.					
10. I am candid and transparent with my mentor.					
11. I understand the consequences for not following through with mentorship expectations.					
12. I demonstrate integrity, grit, and resilience.					
13. I am consistent in my interactions and actively engaged.					
14. I am enthusiastic and passionate about my profession and continued learning.					
15. I embrace self-directed learning, problem-solving, self-reflection, and critical thinking in interactions with my mentor.					
16. I am willing to stick it out when there are challenges with my mentor.					
17. I am respectful of the time and energy my mentor puts into each session and arrive present, organized, and prepared.					

Self-Reflection

1. Based on this self-reflection, and considering the following characteristics needed of a mentee to create a positive, successful, mentoring relationship, identify areas for improvement:

- Growth mindset
- Curious and inquisitive
- Engaged and consistent
- Candid and transparent
- Altruistic and genuine
- Navigates ambiguity
- Effective communicator
- Attentive and active listener
- Integrity
- Collaborative and cooperative
- Respectful
- Self-aware
- Active learner and lifelong learner
    - o Intellectual humility
    - o Eagerness to learn
    - o Self-directed

- Accountable and responsible
- Enthusiastic and passionate
- Organized and disciplined
- Conscientious
- Creative and adaptable
- Demonstrates unconditional positive regard
    - o Open-minded
    - o Open to feedback
    - o Empathetic
    - o Values diversity of perspectives
    - o Grace
- Grit and resilienc**e**

- Based on the characteristics you identified in Question 1 above, what professional development experiences (formal or informal) you can engage in to enhance your skill set?

- How would you like feedback from a mentor?

- How can you add to, or maximize, your mentoring relationship with your mentor?