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Building Community-Engaged Learning Through Interprofessional Mentorship

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Abstract

Mentoring is a critical component in facilitating learning across disciplines and supporting students' professional development as they transition into the workforce. Traditionally, mentorship occurs between individuals within the same field, aligned by shared professional standards and learning objectives. This study explored an innovative approach using evidence-based resources to support mentors in guiding students, several from outside their own profession. Ten mentors participated in a pilot project, completing six virtual training modules over the course of a 14-week student doctoral capstone experience. These modules were developed using key themes in the literature associated with positive mentoring practices, such as effective communication, aligning expectations, addressing diversity, equity, and inclusion, fostering independence, etc. Participants completed the Mentoring Competency Assessment and the Mentoring Confidence Inventory pre- and post-training to examine changes in their perception of their competence and confidence in their mentoring role. Findings indicate that structured training can enhance mentors' perceived competence and confidence. This study highlights the importance of intentionality in supporting mentors during student community-engaged learning experiences. In turn, these can positively promote relationships that continue to connect academic institutions and community organizations working together.

Keywords: mentorship, interprofessional mentorship, community-engaged learning partnerships, higher education

Introduction

Mentorship is an integral component of experiential learning within higher education programs to support professional development and professional identity formation for learners to transition successfully from academic programs into the workforce, ready to address roles and responsibilities of practice within a range of community settings (Henry-Noel et al., 2019; Klinge, 2015). In particular, mentorship relationships between community partners and professionals of diverse communities of practice within academic healthcare programs are recognized as an element contributing to positive role satisfaction across discipline-specific doctoral education programs as a whole (Torres et al., 2021). Higher education institutions and accreditation bodies have sought to reshape the emphasis on *discipline-specific* training by acknowledging that mentorship exposures, which are solely uni-professional, may have a detrimental impact on a learner's civic capacity or awareness of the value of interprofessional community-engaged outcomes for the benefit of clients. A lack of diversity in mentorship may promote long-standing deficits in recognizing health disparities and other quality of life outcomes, which may further marginalize specific groups or populations (Byars-Winston & Dalhberg, 2019).

In contrast, interprofessional mentorships refer to those mentored experiences that draw upon many disciplines with an emphasis on integrating learning with exposure to work-based experiences, which foster opportunities to deepen benefits to the population being served (Marshall & Gordon, 2005). Attention to developing diverse educational practices, including mentorship programs that transcend discipline-specific roles, may positively influence student engagement and contribute to students' understanding of the importance of civic collaboration, diverse cultures, and professional views different from their own (Valentine et al., 2021). In addition, emphasis on acknowledging the role mentors play in developing future generations of our healthcare workforce can empower community partners to see potential mutual opportunities where community services may be expanded to underserved populations. Mentorship programs that simultaneously address community-identified needs contribute to a broader understanding of how integrating community partnerships within student learning experiences fosters both community engagement and mobilizing resources, which can influence programs, practices, and services for all parties involved (Holton et al., 2015).

The profession of occupational therapy is one healthcare field that recognizes the value of interprofessional mentorship in contributing to the development of an effective, collaborative, and inclusive workforce ready to advocate for the range of clients in various communities of practice. As defined by the Accreditation Council for Occupational Therapy Education (ACOTE), mentoring is "a relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee" (2023, p. 49). Furthermore, the American

Occupational Therapy Association (AOTA), in the official position statement document titled *Occupational Therapy Doctoral Capstone: Purpose and Value*, describes mentoring as a "bidirectional relationship that is planned" and an essential component that contributes to the value of the doctoral capstone (AOTA, 2022, p.2). Although the requirements set forth by ACOTE (2023) for the entry-level occupational therapy doctorate (OTD) dictate the curricular components of the doctoral capstone experience (DCE) necessary for successful attainment of in-depth exposure to one of more areas of focus, little is outlined in occupational therapy describing the skills necessary to foster this relationship-building needed for effective mentoring of a doctoral student.

Despite data that supports a need to develop mentoring resources for the doctoral-level capstone (Harris et al., 2023), there is a paucity of literature that reports any structured mentorship programs or resources to provide guidance or enrichment for mentors who serve in this capacity in order to enhance the mentor-mentee relationship (Kemp et al., 2022). Establishing interprofessional mentorships that emphasize the value of community engagement can foster mutual capacity building among mentors, mentees, and community stakeholders. These relationships are essential for achieving positive experiences for all involved.

Academic institutions can further strengthen their partnerships within communities by enhancing mentors' uni-professional expertise and supporting students' development of interprofessional skills through collaborative learning experiences (Marshall & Gordon, 2005). The purpose of this manuscript is to highlight the development of a virtual interprofessional mentorship program to support mentors who align with mentoring occupational therapy doctoral students in one program within a metropolitan urban university with community-engagement partnerships. This manuscript will provide an overview of how this program was integrated within a DCE with individual mentors in a systematic way in order to improve perceptions of competence and confidence in their community mentor role. The authors will illuminate lessons learned, challenges, and future possibilities for expanding this approach in other programs.

Background

The DCE is a full-time 14-week in-depth experiential learning opportunity in which an OTD student collaborates with a community-engaged or clinical site mentor who has expertise aligned with the student's chosen area(s) of focus and receives mentorship/supervision to achieve individualized learning objectives and implementation of a scholarly capstone project (ACOTE, 2023; AOTA, 2022). Sites may include traditional clinical settings such as hospitals, clinics, schools, and outpatient centers where the academic institution has had long-standing collaborations. However, more importantly, the depth of community sites for interprofessional mentorships also includes emerging community-engaged settings such as non-profit organizations, businesses, and advocacy groups serving populations with unmet health and

wellness needs (DeIuliis & Bednarski, 2019). Areas of focus within the doctoral capstone can include one or a combination of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2023). Therefore, stakeholders with various backgrounds and community perspectives are often relied upon as subject-matter experts to provide formal mentorship of OTD students throughout the doctoral capstone in the role of site (or content) mentors (Kemp et al., 2020; Kiraly-Alvarez et al., 2022).

Although one formula, practice, or set of behavioral objectives cannot be used in every mentoring situation, there are general principles that can be applied to guide the establishment of successful mentoring relationships (Zhang, 2016). Kroll and Delbert (2023) synthesized literature from interdisciplinary sources to identify communication, active listening, and motivation as key qualities within a mentor. It is important that the site mentor and student form mutual expectations and build a positive relationship early to foster the student's learning. An essential element in creating a beneficial mentoring relationship is through establishing a communication plan and setting mutual expectations (Kroll & Delbert, 2023; Stephenson et al., 2020). When communication plans and expectations are clear between a mentor and student, mutual trust is established, and the mentoring relationship benefits (Goodsett, 2021). Nurturing mutual trust has also been identified as a significant component of high-quality mentoring relationships (Deng et al., 2022; Mullen & Klimaitis, 2019; Stelter et al., 2020). When trust is built, this fosters openness, increases communication, and helps to promote confidence and competence (Gazaway et al., 2019). Increasing confidence and competence are conventional outcomes of engaging in mentoring relationships (Keinänen et al., 2023). Confidence can be defined as a feeling of self-assurance and belief in oneself ("Confidence", 2024). Whereas competence can be described as the ability to do something with success and sufficiency ("Competence", 2024). Furthermore, the literature shows that mentoring education can increase the mentors' confidence in their knowledge, skills, and attitudes about mentoring (Mitchell et al., 2018; Wu et al., 2018).

Despite these known best practices, a definite set of mentoring expectations can be difficult to establish due to the range of community-engaged sites, diverse areas of focus, and other variable factors. Expectations for mentoring can also be largely dependent on the mentor's personality, understanding of the discipline of occupational therapy, and primary roles and responsibilities (Pfund, 2014). Organizational barriers to establishing mentorship relationships may involve differences in the distinct missions, priorities, and operational cultures that define the academic institution or the community partner organization. While academic institutions focus on education and scholarship, community partnerships prioritize direct service and impact. These differences can lead to misalignment in expectations and may hinder effective mentorship within the mentor-mentee collaboration (Dib & Belritti, 2024). In addition, there may be organizational barriers in how academic institutions and community partners steward funding, intellectual

property rights of mutually aligned projects or programs, which add to the complexity of mentorship alignment (Dib & Belrhiti, 2024).

Within the possible range of professionals, some mentors may tend to focus on certain aspects of mentoring and sometimes focus on issues that were once important to them as mentees and lose sight of the diversity of issues that come with the full responsibility of mentorship (Pfund, 2014). Students may choose to complete their capstone experience in a non-traditional setting or emerging practice area where an occupational therapist may not be currently employed within that organization's infrastructure. Therefore, the mentor may be unfamiliar with the services or role of occupational therapy, and this can lead to gaps in understanding 'the how' occupational therapy can be utilized as an intervention. Even when sites have an occupational therapist on staff, the barrier of misunderstanding still exists in applying familiar expectations of 'supervision' of the occupational therapy student which is a primary goal of traditional fieldwork education versus 'mentorship' within the capstone experience.

Since 2010, AOTA has endorsed a two-day workshop to promote best practices and improve quality within the fieldwork educator role during level I and II fieldwork. Despite the entry-level OTD degree existing since 1999, and the site mentor being a required curricular component identified by ACOTE in the *2006 Standards and Interpretive Guidelines* which went into effect in 2008, no formal trainings have been offered at the national level specific to the doctoral capstone and site mentor role. In addition to this barrier, more OTD programs are gaining prevalence and accreditation across the United States each year, leading to a greater demand for site mentors (Harris et al., 2023). This could mean less-seasoned occupational therapy practitioners may be taking on OTD students as mentees or a request from occupational therapy programs for practitioners to engage in dual supervision/mentorship models by managing fieldwork and capstone students simultaneously (Cook, 2022), which can cause role blurring and impact the professional socialization of the student (Walder et al., 2021).

Between the lack of mentoring experience, unclear expectations, and lack of communication, a mentoring relationship is difficult to form. The need for consistent resources to promote confidence and competence to foster personal and professional relationships between site mentor and mentee around the DCE is needed to support community partnerships and capstone opportunities (DeIuliis & Bednarski, 2019). As stated by Stephenson et al. (2024), some OTD programs are taking steps to integrate formal mentorship training within their curricula, which might include resources within policy manuals and procedural guides to onboard and socialize site mentors to the expectations and DCE process. However, these resources are not all-encompassing and may or may not have a specific focus on the doctoral capstone, which can leave site mentors confused about their role or mentorship expectations. When the mentor lacks confidence in their role and expectations, the mentoring relationship with the student is impacted, leading to a negative experience, lack of student engagement, and decreased self-

efficacy (Cook, 2021; Szen-Ziemianska, 2020). When students have low self-efficacy, they are uncertain in their work, lack confidence, and seek validation in decision-making (Cook, 2023). Self-efficacy is a huge component in both mentor and student perception of success. One report found that a mentee's perception of their mentors' effectiveness strongly shaped their own self-efficacy beliefs (Byars-Winston & Dahlberg, 2019). Therefore, it is crucial that a mentee sees their mentor as having positive attributes that benefit the mentoring relationship for the student to have confidence in their doctoral capstone experience.

Aligned with AOTA's *Vision 2030*, it is critical that site mentors have ample resources, training, and capacity to become influential and effective mentors who promote positive professional skill-building in developing effective and meaningful interprofessional relationships. Due to the limited evidence available regarding the training of potential or existing site mentors who mentor occupational therapy doctoral capstone students, a targeted six-part, asynchronous, virtual education program called *Mentoring Matters* was created by Duquesne University. A scholarly project was designed to explore the perspectives on confidence of mentors involved in one occupational therapy doctoral program before and after completing the mentoring program. The research questions guiding this pilot study included:

- What is the impact of a structured mentorship resource program on site mentor confidence during the doctoral capstone experience?
- Does provision of a structured mentorship resource program improve perception of competence to mentor doctoral capstone students?

Methods

Study Design

The study used a descriptive pre-/post-test research design in order to collect information and gain knowledge from the site mentors who participated in the virtual mentoring program. The study took place at an accredited OTD program located in an urban Northeast region of the United States, within a R2 (high research activity) university, as classified by the Carnegie Classification of Institutions of Higher Education. Institutional Review Board (IRB) approval was received (Protocol # 2022054) prior to implementation.

Sample

Email recruitment was used to provide information to potential site mentor participants regarding the content and projected time commitment for participation in the program. Participants were eligible to participate if they were a site mentor to a doctoral capstone student in the accredited entry-level OTD program of the authoring institution during the spring/summer 2023 semester. The authors (which included the program's doctoral capstone coordinator) sent a recruitment message describing the purpose of the study and the planned virtual educational topics outlining

the mentorship program. Mentors were asked to provide their consent using an electronic survey link. An opportunity was provided for face-to-face program exploration if the site mentor had further questions. None of the survey respondents indicated this preference. The authors also included details that the educational modules would be deployed to each site mentor, regardless of their response to participate in the survey, so that each site mentor would have equal access to the educational activities and resources.

A total of 22 site mentors received information regarding the program. While mentors had a choice to participate in the program, all 22 mentors were provided with the virtual training materials to ensure equal access and opportunity to use the materials throughout their students' 14-week experience. No site mentors in this cohort had previously participated in site mentorship with a doctoral occupational therapy student. Another unique aspect of this program was that it was created to be 100% asynchronous-virtual to allow mentors the flexibility to pace the learning modules on their own while allowing site mentors from various regions (time zones) and states within the United States to participate.

Mentoring Matters Intervention

Recent literature surrounding a general mentoring program demonstrated the effectiveness of an online training program to build competence and capacity (Stephenson et al., 2024). *Mentoring Matters* was designed to be provided in six virtual modules over the course of the student's doctoral capstone 14-week experience to the mentor at targeted intervals. The program was offered to each of the mentors at no cost or financial burden to either the organization, agency, or the University. Each of the six modules was adapted from evidence-based curricular themes associated with positive mentoring practices to influence the mentoring relationship and process (Pfund et al., 2014). Each module was launched via email using VoiceOver PowerPoint for ease of access for the site mentor to view asynchronously. An overview of each module and rationale for inclusion in the mentoring program is described in Appendix A.

Instruments and Data Collection

As stated by Stephenson et al. (2024), there is no formal occupational therapy-specific mentorship outcome measure. Therefore, the researchers delved into the literature to determine other reliable and validated self-assessment measures that align with the pilot study's aims. Participants were asked to complete two different surveys at two different times.

The Mentoring Competency Assessment (MCA; Fleming et al., 2013) is a 26-item psychometrically validated self-report tool with strong internal consistency (Cronbach's $\alpha > 0.90$) and a well-supported multidimensional factor structure. Beyond its established reliability and validity, the MCA was selected for its alignment with many of the core competencies

targeted in the *Mentoring Matters s*tructured mentorship training program: effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development. Table 1 provides an overview of the training content within each of the six virtual training modules, drawing upon the constructs of the MCA. The MCA's Likert ratings range on a 7-point scale from 1 to 7, with one indicating "not skilled at all" and seven indicating "extremely skilled."

The Mentor Confidence Inventory (MCI; Chopra et al., 2019) uses a Likert rating scale with a range in site mentor confidence ratings in each question from 1-5. This 29-item survey includes questions related to confidence in mentoring, such as the mentor's perception of ability to oversee mentee activities and promotion of personal growth opportunities. Although the MCI does not have published psychometric data, it was chosen as it closely aligns with the project goals (related to measuring confidence and self-efficacy) and complements the MCA. Both of these surveys were electronically provided to site mentors via Qualtrics© two weeks prior to the initiation of their student being onsite with them for the DCE and prior to the initiation of Module I of *Mentoring Matters.* Each mentor was also provided with the same two surveys at the conclusion of their student's 14-week experience. Site mentors were provided with two weeks to complete the surveys during each launch of the electronic surveys.

TABLE 1. MCA crosswalk with the mentoring matters training modules

MCA Survey Item	Aligning MCA Individual Items	Training Module
Maintaining Communication	Listening actively	Module 1
	Giving feedback constructively	
	Establishing trust	
	Adapting communication style	
	Enhancing communication strategies	
	Coordinating mentors	
Aligning Expectations	Setting expectations	Module 2
	Aligning goals	
	Navigating differences	
	Establishing research plans	
	Planning progress milestones	
Assessing Understanding	Gauging knowledge	Module 3
	Assessing skills	
	Advancing understanding	
Addressing Diversity	Acknowledging bias	Module 4
	Working effectively across diverse backgrounds	
Fostering Independence	Encouraging autonomy	Module 5
	Inspiring confidence	
	Fostering creativity	
	Recognizing contributions	
	Supporting professional growth	

Promoting Professional Development	Building networks Setting career goals Navigating work-life balance Modeling professionalism Identifying opportunities and resources	Module 6

Data Analysis

Due to the small sample size, descriptive statistics were used to analyze the Likert-style survey responses from the pre- and post-scores of the MCA and MCI tools. All data was de-identified prior to data analysis, and IP addresses were not recorded by Qualtrics. All information collected in the study was maintained completely confidential. Aggregate data were stored in a password-protected file only available to the research team.

Results

Participants

Ten mentors participated in this formalized mentorship training program. Five of the 10 mentors were registered/licensed occupational therapists, while the additional five mentors were professionals from varying backgrounds within healthcare or business-related fields. Table 2 provides an overview of participant characteristics. None of the participants acknowledged mentoring an occupational therapy doctoral student previously. On average, the occupational therapists had 7.8 years of experience, while the non-occupational therapy mentors had an average of 11.6 years of experience in their current roles within their respective organizations.

TABLE 2. Participant demographics (n=10)

Participant Characteristics	**Total Sample (n=10)**
Job Title, *n (%)*	
OT	N=5 (50%)
Other Professional	N=5 (50%)
Other Professional Titles, *n (% of the total group)*	
Licensed Counselor	N=2 (20%)
Non-Profit Administrator	N=2 (20%)
Business Owner/Manager	N=1 (10%)
Previous Mentoring Training, n (%)	
Yes	N=2 (20%; both OT)
No	N=8 (80%)
Previous Mentoring Experience to an OTD student, n (%)	
Yes	N=2 (20%; both OT)
No	N=8 (80%)
Previous Supervision of a Fieldwork Student, n (%)	
Yes	N=5 (50%; all OT)

No	N=5 (50%)
Years at Current Organization, mean	
OT Mentors	7.8 years
Non-OT Mentors	11.6 years

Mentor Confidence Inventory Findings

With respect to the research questions guiding this pilot study, Table 3 provides an overview of each survey item, including means and standard deviations related to items contained within the Mentor Confidence Inventory (MCI) Survey, and is presented in order of greatest change. These survey descriptors helped to provide outcomes for answering the first pilot study question related to how provision of structured mentorship resources could promote the confidence of site mentors. All survey items improved from the pre-test to the post-test measure. Using descriptive statistics, the greatest overall survey item related to "monitoring interactions of their mentees to ensure trust" (M=4.80, SD=.66). The second highest item on the MCI, "monitoring mentee demonstration of needs and strengths of the participants" (M=4.60, SD=.72), ranked next in change of mentor confidence. The overarching concept of "continuously finding ways to be a better mentor" (M = 4.60, SD = .50) rounded out the top three highest perceived areas of mentor confidence growth upon completion of this program.

TABLE 3. Mentoring confidence inventory pre-survey and post-survey outcomes

Question (Likert Scale 1 through 5)	**Pre-Survey Mean (SD)**	**Post-Survey Mean (SD)**	**Change**
Monitoring interactions to ensure trust	3.40 (1.36)	4.80 (.66)	1.40
Monitoring mentee demonstration of needs and strengths of participants	3.30 (1.27)	4.60 (.72)	1.30
Finding ways to be a better mentor	3.60 (1.11)	4.60 (.50)	1.00
Overseeing mentee competency	3.70 (9.64)	4.60 (.50)	.90
Encouraging mentee to use strategies that promote good use of the environment	3.60 (1.20)	4.40 (.66)	.80
Helping my mentee develop personal awareness	3.60 (.66)	4.40 (.66)	.80
Promoting mentee's use of activities in the capstone	3.90 (.70)	4.60 (.50)	.70
Overseeing that mentee provides participants with opportunities for self-determination	3.70 (.78)	4.40 (.72)	.70
Advocacy for mentee	4.10 (.94)	4.80 (.65)	.70

Monitoring that mentee uses strategies to promote independence of participants	3.90 (.94)	4.60 (.55)	.70
Monitoring mentee's professional growth	3.90 (.83)	4.60 (.42)	.70
Assigning necessary assignments and paperwork to mentee	3.90 (.70)	4.60 (.50)	.70
Communicating my professional growth as a mentor	3.90 (.54)	4.50 (.50)	.60
Overseeing effective interactions of mentee	2.30 (.64)	2.90 (.34)	.60
Assisting mentee in using strategies most appropriate for participants	3.80 (.98)	4.40 (.50)	.60
Having the necessary skills to be an effective mentor	4.00 (.89)	4.60 (.48)	.60
Overseeing data collection of the mentee	2.80 (.60)	3.40 (.32)	.60
Assisting mentee's personal growth	3.90 (.70)	4.50 (.35)	.60
Acknowledging the mentee accomplishments	4.40 (.66)	4.90 (.40)	.50
Advocating mentee in work related matters	3.40 (.66)	3.90 (.40)	.50
Monitoring mentee's competency	3.10 (.70)	3.60 (.35)	.50
Supporting mentee's problem solving	4.00 (1.00)	4.50 (.66)	.50
Encouraging mentee material adaptation	4.00 (.77)	4.50 (.40)	.50
Using good listening skills	4.20 (.60)	4.60 (.35)	.40
Encouraging mentee to ask questions	4.50 (.67)	4.80 (.42)	.30
Ensuring mentee maintains confidentiality	4.50 (.67)	4.80 (.32)	.30
Providing feedback effectively	4.30 (.64)	4.60 (.30)	.30
Helping mentee understand responsibilities	4.00 (.89)	4.30 (.45)	.30
Ensuring mentee's skillful work	4.00 (1.00)	4.30 (.50)	.30

Mentor Confidence Inventory Findings

Table 4 provides a comprehensive overview of the survey items and the means and standard deviations of the MCA, which contributed to the second question of how offering a structured

mentorship education program improved the perceived competence of site mentors during the capstone mentorship process, presented in order of greatest change. This question is best highlighted through descriptive statistics and recorded responses that emerged from the pre- and post-program MCA surveys. In all survey items, the average scores increased post-intervention. The highest-rated statement (M=6.50, SD=.50) was a concept related to the importance of communication delivery differences, in which a mentor "identified and accommodated different communication styles" as a factor that could promote successful mentorship with their mentee. The second-highest survey item of change (M = 6.40, SD = .60) included an additional perspective on communication, specifically "employing strategies to improve communication with mentees," as an important component of practicing meaningful dialogue with their mentee. The third-highest change component on the survey (M = 6.80, SD = .49) was a perceived recognition of how their engagement, or "understanding the impact as a role model," shaped the course of their relationship with their mentee.

TABLE 4. Mentoring competency assessment: pre-and post-survey outcomes

Question (Likert Scale 1 through 7)	Pre-Survey Mean (SD)	Post-Survey Mean (SD)	Change
Identifying and accommodating different communication styles	3.70 (1.00)	6.50 (.50)	2.80
Employing strategies to improve communication	3.70 (1.49)	6.40 (.49)	2.70
Understanding impact as a role model	4.20 (1.25)	6.80 (.49)	2.60
Motivating mentee	3.90 (1.51)	6.40 (.66)	2.50
Building mentee confidence	4.20 (1.25)	6.60 (.49)	2.40
Estimating mentee's capstone knowledge	3.90 (1.43)	6.20 (.60)	2.30
Estimating mentee's ability to conduct the project	4.10 (.83)	6.30 (.64)	2.20
Accounting for biases and prejudices	4.00 (1.40)	6.20 (.60)	2.20
Helping mentee set future professional goals	4.10 (.83)	6.30 (.64)	2.20
Working with mentee to set capstone goals	3.90 (1.38)	6.00 (.63)	2.10
Aligning expectations with mentee	4.20 (1.33)	6.30 (.46)	2.10
Helping mentee with resources	4.10 (.83)	6.10 (.30)	2.00
Establishing trust	4.70	6.70	2.00

	(1.62)	(.46)	
Coordinating with mentee	4.20 (1.25)	6.10 (.54)	1.90
Helping your mentee network	4.30 (1.25)	6.20 (.60)	1.90
Working with mentees whose personal experience is different than yours	4.50 (1.12)	6.30 (.64)	1.80
Considering how personal/professional differences impact expectations	4.60 (1.36)	6.40 (.66)	1.80
Active listening	4.70 (.90)	6.50 (.50)	1.80
Helping your mentee balance work	4.70 (1.36)	6.40 (.66)	1.70
Providing constructive feedback	4.60 (.80)	6.30 (.64)	1.70
Helping mentee balance professional life	4.70 (1.36)	6.40 (.66)	1.70
Working with mentees to set clear expectations	4.20 1.25)	6.10 (.54)	1.70
Helping mentees develop strategies to meet goals	4.50 (1.12)	6.00 (.63)	1.50
Employing strategies to enhance mentee's knowledge and abilities	4.70 (.64)	6.20 (.60)	1.50
Acknowledging mentee's professional contributions	4.90 (1.30)	6.40 (.66)	1.50
Negotiating independence	4.00 (1.40)	6.50 (.75)	1.50
Stimulating mentee's creativity	4.90 (1.37)	6.20 (.60)	1.30

Discussion

As community-engaged partnerships and professionals from diverse communities of practice are increasingly being utilized to meet the needs of the DCE, there is a need to establish modes of communication, role expectations, and program standards among the community, university, and students (George-Paschal et al., 2019; Tranger, 2020). Creating a virtual mentoring program is one way to enhance the experience for all stakeholders. This pilot study evaluated the impact of a structured online mentoring program on doctoral capstone interprofessional mentors' perception of confidence and competence in their role. The aim of this study is relevant and necessary as there has been a call-to-action of late to develop, implement, and evaluate mentoring training resources for the doctoral capstone which can support a diverse range of interprofessional

mentorships more representative of the communities of practice students will be practicing within (Harris et al., 2023; Kemp et al., 2020; Stephenson et al., 2024).

Mentoring requires skills that can be taught and developed. The results of this study support the benefit of providing mentoring education to mentors participating in community-engaged learning partnerships. In particular, the researchers considered the top three areas of the highest impact on each of the administered surveys. Within the MCA, the constructs of *identifying and accommodating different communication styles*, *employing strategies to improve communication with their mentee*, and *overall understanding of their impact as a role model* had the most change. These three items correlated with the learning objectives of the first three modules (Appendix A). The first module, Maintaining Effective Communication, highlighted communication styles and strategies for active listening and constructive feedback (Roberts et al., 2019). The second module, Aligning Expectations, provided strategies for communicating and aligning expectations within the mentor-mentee relationship, along with developing clear objectives and goals for the capstone experience (Roberts et al., 2019). The third module, Assessing Understanding, provided structure to help mentors understand the capstone process and strategies for assessing their mentees' performance. The objectives of these three modules focus on the practices of communication, active listening, and setting expectations, which are all key behaviors identified in the literature for establishing successful capstone experiences (Kroll & Delbert, 2023; Stephenson et al., 2020). Therefore, academic programs need to provide resources to support mentors and foster the relationship of mentor/mentee to enhance the overall capstone experience (DeIuliis & Bednarski, 2019).

Data from the MCI indicate that helping to *ensure their mentees demonstrated awareness of their participants' strengths and needs*, and *developed trust in interactions,* were behavioral outcomes in which mentors perceived the highest growth in their own mentorship abilities. Collectively, these areas support the themes in literature which identify the significance of mutual trust and respect (Goodsett, 2021; Kemp et al., 2022), communication skills, and desire to be a good mentor as being driving motivators in the mentor-mentee relationship (Kemp et al., 2022; Kroll & Delbert, 2023). As depicted in Henry-Noel et al. (2019) mentors should demonstrate exceptional interpersonal abilities, specifically communication skills, which includes being an avid active listener. Improving communication, aligning expectations, and monitoring student performance leads to the development of mutual trust, which strengthens the relationship and improves the overall experience (Eller et al., 2013). In addition, the overall perception of wanting *to be a better mentor* was noted in the results of the MCI. Mentors should strive to continuously educate themselves and adapt to the evolving needs of their mentees (Henry-Noel et al., 2019).

The top three behavioral outcomes identified by the MCI outcomes align best with the learning objectives of the second module, Aligning Expectations, the third module, Assessing Understanding, and the fifth module, Fostering Independence (Appendix A). By aligning

expectations (Module 2) between the mentor and mentee, both individuals are mindful of personal and professional expectations, which may impact interactions with and the experience for each participant (Huskins et al., 2011; Stevenson et al., 2020). Module 3, Assessing Understanding, helped mentors develop strategies to assess student knowledge and performance, thus enabling the mentor to guide learning, provide more substantive feedback, and improve student performance. Module 5 focused on strategies to increase student independence, confidence, and trust. Mentoring is a developmental and fluid process in which a mentor should be continuously working to develop and strengthen their skills as a mentor.

The results of the MCA and MCI suggest the value of educational programs that supplement mentor knowledge in areas such as communication, which is a fundamental skill in reinforcing positive relationships and helping their student develop civic engagement and social capital. The mentor's confidence as a 'role' model in this program did impact their perception of competency in the mentorship, regardless of their disciplinary background. The positive change in the mentor's understanding of their own impact as a role model is noteworthy as it aligns with mentoring best practices, which describe how mentors should aim to serve as a personal and professional guide to their mentees (Henry-Noel et al., 2019). The mentorship "skills" that are applied to this program may be transferable to situations involving professionals from diverse backgrounds, making interprofessional mentorship an option in other programs and community-engaged partnerships.

Limitations/Future Research

Despite efforts to recruit all mentors of occupational therapy doctoral students during this cycle, only a subset consented to participate and completed both the self-learning modules and associated surveys. As a result, the sample size for this pilot project was limited, which reduced the statistical power of the findings. While investigators grounded the study in current knowledge regarding mentors' roles and responsibilities within the capstone experience, they did not specifically differentiate perceptions between occupational therapy (OT) and non-OT mentors—a distinction that may be important to explore in future research. Participants also varied in professional background and years of experience; examining potential relationships between mentors' length of service and their perceived confidence and competence in the role may yield valuable insights. Additionally, although some participants reported prior mentor training, the type and intensity of that training were not specified, limiting insight into how previous exposure may have influenced their responses. Finally, it is important to note that the primary investigator of this study also served as the doctoral capstone coordinator, a dual role involving both the support of students and mentors and the development and implementation of the mentorship modules. Importantly, future research should also examine how structured mentorship training can contribute to capacity building between academic and community partners. By fostering a shared understanding of best practices and creating space for

interprofessional dialogue, mentorship programs can serve as a catalyst for strengthening academic-clinical partnerships and cultivating a sustainable culture of support for both learners and mentors.

Implications for Building Community-Engaged Experiences

The findings of this study shed light on the benefits of structured mentoring education to improve mentoring relationships, which offer interprofessional insights within community-engaged capstone partnerships.

- With the ongoing growth of doctoral programs, further research is needed to fully understand the effects of a mentor training program on the mentor-student relationship (Doyle et al., 2019). Exploratory studies can also help to reveal which specific types of tasks and responsibilities are most critical to support mentors in their roles effectively. Additionally, future research should investigate how these role expectations align with students' perceptions within the mentoring dyad.
- The *Mentoring Matters* program has provided a broad blueprint based on evidence-based topical areas to improve mentoring relationships, which can be expanded upon. There is an opportunity to explore the concept of nationwide training models to enhance mentoring practices of mentors across interdisciplinary healthcare programs.
- Mentored learning experiences can inspire new academic-community partnerships, strengthen existing community-engaged relationships, and ultimately broaden the understanding of both mentee and mentor about their respective professions, benefiting the collective investment and mission of both partners through collaborative exchange (Trager, 2020).

Conclusion

Skilled mentors are essential to the training of healthcare providers across a diverse range of educational programs, contributing to improved access to care, higher quality services, and more meaningful learning experiences for students. As new doctoral programs continue to emerge and gain accreditation, the need for qualified mentors across a range of professions is growing. Community sites are developing resources to support the onboarding of interprofessional mentors, which is essential to attracting and sustaining community-engaged partnerships, particularly in economically, ethnically, and geographically diverse areas. Investing in structured mentorship programs can be an effective tool to help academic programs gauge readiness to mentor, which will support the development of competent and confident healthcare practitioners. Access to interprofessional mentorship opportunities can also help expand innovative approaches to addressing community wellness, especially in regions where certain professions may be underrepresented. Finally, the presence of diverse mentor-mentee relationships can further help to strengthen trust and reciprocity in academic-community partnerships.

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