



CHILDREN AND YOUTH

## **Answering the Call:**

### **A Pediatric Mentoring Program**

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Mentoring is a process where an experienced person (mentor) guides another (mentee) in developing skills and knowledge for personal and professional development. This relationship benefits both parties, offering opportunities for mutual learning and development. Many occupational therapy practitioners (OTPs) enter clinical practice without the structured guidance they experienced in fieldwork, while others have access to supervision and mentorship (Bucey & Provident, 2018; Jackson et al., 2022). OTPs may also transition to new practice areas and require additional support. In any of these situations, OTPs can develop mentoring while seeking knowledge as mentees. While mentorship often emphasizes the mentee's needs, both roles offer valuable benefits.

Mentoring can take many forms and occur at different career stages. Effective mentoring strategies often include fostering critical thinking skills, establishing clear objectives, encouraging reflective practices, and facilitating the exchange of ideas and resources (Doyle et al., 2019). These approaches help mentees apply their learning independently. A structured plan is vital to ensure that the mentor and mentee share expectations and goals. Successful mentoring provides support in many forms and is built on trust and respect, benefiting both parties (Doyle et al., 2019). This evidence highlights key mentoring outcomes, including knowledge acquisition and translation, development of professional behaviors, increase in productivity and advanced work elements, and lasting professional networks. The challenge lies in developing mentoring



skills and finding the right mentor when needed. Mentoring has proven to be an effective method to enable engagement in learning, strengthen professional connections, and enhance job satisfaction for both mentors and mentees (Burgess et al., 2018; Cohen et al., 2012; Doyle et al., 2019; Eby et al., 2013).

Mentoring is an ongoing necessity for OTPs throughout their careers, beginning as a student with structured fieldwork education and doctoral capstone experiences continuing throughout their careers (Schoen et al., 2021). OTPs require mentorship as they transition within clinical settings, shift to academic roles, or work with diverse age groups and conditions across the lifespan. In pediatrics, for example, practitioners navigate varying developmental stages, environments, and contexts while addressing the evolving needs of children. Many pediatric OTPs work in isolation, and while they may be part of an interdisciplinary team, they require support to strengthen their skills, advocacy, and competency as OTPs in daily practice, particularly in school-based settings (Bucey & Provident, 2018; Jackson et al., 2022; Schoen et al., 2021). As a result, OTPs would benefit from mentoring relationships at different career stages.

Mentoring is embedded in occupational therapy education and professional development. It is emphasized from fieldwork training to entry-level practice and is a key component of the Accreditation Council for Occupational Therapy Education (ACOTE) central tenets of entry-level doctoral education (Accreditation Council for Occupational Therapy Education, 2018). Additionally, American Occupational Therapy Association's (AOTA) Centennial Vision and World Federation of Occupational Therapy (WFOT) support and encourage mentoring for lifelong personal and professional growth (Doyle et al., 2019). Because mentorship is such an essential part of the profession, the Children and Youth Special Interest Section (CYSIS) of AOTA sought to establish a mentoring program to support OTPs in their professional development and ensure continued growth in pediatric practice.



## **CYSIS Mentoring Program**

AOTA's CYSIS launched a pilot mentoring program in 2021 to support pediatric OTPs in response to practitioner requests for professional development. Since then, the program has continued to grow and evolve. Initially, the program engaged OTPs in its design through discussion boards, open forums, and CYSIS meetings. To shape the program, focus groups were conducted through the AOTA CommunOT forums to determine the ideal length, frequency, and structure of the mentoring program. Based on these discussions, a draft proposal was developed and reviewed by the CYSIS committee.

The components of the mentoring program included:

- Mentor requirements: 3-5 or more years of experience in pediatric practice
- Mentee requirements: New OT/OTA practitioners or new to pediatric practice
- All participants must be members of AOTA
- Flexible structure guided by mentor and mentee
- Quarterly group mentoring meetings
- Monthly meetings with the mentor and mentee
- Mentors: Review the goals of the mentee and develop a plan to meet these goals across the duration of the program

The program requires participants to meet at least once a month in their preferred format. While suggested topics are provided, none are required, allowing the mentoring process to be individualized to the mentee's needs. Designed for flexibility, the program accommodates the busy schedules of both mentors and mentees. To support evidence-informed practice, shared resources, including current articles and practice guidelines, are made available to all participants through a shared folder on the AOTA CommunOT forum. The CYSIS Professional Development Coordinator (PDC) maintains regular communication with participants via email to gather feedback and address specific group needs. At the program's conclusion, participants complete a survey to provide feedback on their experiences.



## **Mentoring Program Feedback**

Each mentoring year (2021-2023) the number of participants varied. Over three years, there have been 42 participants, including 21 mentors and 21 mentees. A post-mentorship survey conducted after the program's first two years showed an overall positive response. Participants from the first and second mentoring cohorts were invited to reflect and provide feedback, with 24 responding. Among them, 75% (18/24) indicated that the program either “met” or “maybe met, there were areas for improvement” their mentoring needs. Specifically, 83% in the initial cohort (12/14) and 100% (6/6) in second cohort reported a positive experience. Participants valued the ability to tailor the program to their goals and meeting frequency, connecting via video chat, phone, or email. They appreciated the opportunity to communicate with peers, exchange ideas, and streamline their work across different pediatric practice settings. These results highlight the benefits of the CYSIS Mentoring Program for both mentors and mentees.

The survey also included open-ended questions for feedback on program improvements. Responses emphasized the ongoing need for mentorship to support evidence-informed practice and professional development. Many mentors expressed interest in continuing their role in future cohorts, and some participants chose to maintain their mentoring relationships independently (Table 1).

### **Table 1. Reflections on the Mentorship Program**

“As a mentee, I was able to select topics of my specific interest/area of concern and my mentor helped to create plans for each of our meetings to help me in these areas. We also both used it as an opportunity to keep updated with some evidence-based articles and share resources.”



“It was really a nice opportunity to formally connect with other OTs who are willing to share and to learn.”

“I found the monthly meetings with my mentor extremely beneficial to continue developing my clinical skills in the areas of feeding and early intervention through case reviews, continuing ed resources, and research articles.”

“I utilized the program to grow in my distance education skills and expand my network of pediatric OTs.”

**Note.** OT = Occupational Therapist

As with any program, feedback is essential for continuous improvement. For example, focus groups initially expressed a preference for a flexible mentoring program tailored to individual mentee needs. However, survey feedback from participants in the pilot program highlighted a need for more structured sessions and support. To address this, quarterly meetings were implemented to provide structure, including breakout rooms for mentor-mentor and mentee-mentee discussions. The quarterly meetings serve as check-ins to gauge progress and create opportunities for engagement. In a few cases, communication dropped off between the mentor and mentee in the initial year for various reasons. As a result, some participants indicated a desire for accountability measures between participants, resulting in mentors and mentees signing a contract that outlined their commitment. Recent feedback recommended engaging current or past mentors to share their expertise on topics of interest to mentees, which will be piloted in the coming year.

## **Moving Forward**

Mentoring programs for new OTPs are essential across all practice areas. However, developing an effective mentoring program can be challenging, as no single approach fits all OTPs' needs. The AOTA CYSIS mentoring program addresses this challenge by offering both structured and flexible formats to accommodate the varying needs of



OTPs. In a less structured version of the program, mentors take a more autonomous role, tailoring the process to the mentee's individual needs. In contrast, a more structured program provides predefined topics, materials, and discussion questions to guide both mentors and mentees through the process. By participating in AOTA's CYSIS mentoring program, OTPs contribute to building a high-quality, member-driven initiative supporting new practitioners in pediatric OT practice.

### **Next CYSIS Mentoring Program**

AOTA's CYSIS mentoring program will continue its annual pediatric mentoring initiative, alongside similar efforts from other Special Interest Sections (SIS), including Sensory Integration and Academic Education. In addition to the program described above, the mentors in the next cohort of the CYSIS mentoring program will engage in structured sessions to develop effective mentoring skills, featuring expert speakers on topics relevant to the group's needs. These mentor-focused sessions will be separate from mentee meetings, providing dedicated support and mentorship within the mentor group during the mentoring process.

Both mentors and mentees will complete an application, and a select group will be chosen based on established criteria and alignment with prospective mentees' needs. Matches will be made according to shared interests and focus areas, and participants will sign a contract detailing their collaborative plan. Each cohort will begin with a structured session to introduce the mentoring process and set expectations before mentees meet individually with their mentors. While mentor-mentee pairs will have unstructured time to address individual mentee needs, the program will maintain structured mentoring objectives. Additionally, the entire CYSIS mentoring group will meet quarterly to discuss topics tailored to the collective needs of participants. Those interested in becoming a mentor or mentee in a future cohort and who meet the



program criteria should contact Dr. Beth Elenko, AOTA CYSIS Pathways Lead, at [belenko@nyit.edu](mailto:belenko@nyit.edu).

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### **Children and Youth Special Interest Section**

The Children & Youth Special Interest Section (CYSIS) provides resources to support the practice, leadership, and advancement of practitioners serving youth, families, and teams in early intervention and school programs. It promotes the meaningful participation of youth and families in their everyday lives where they live, learn, and play.

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