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The Impact of Relationship Building Through a Structured Coaching Program for Mentors and Mentees within a Doctor of Physical Therapy Post-Professional Residency Program

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Abstract

Purpose: The focus of this study was to explore the impact of relationship building with a structured coaching program, using DISC, for mentors and mentees within a Doctor of Physical Therapy (DPT) post-professional residency program. The medical education literature supports the use of coaching for developing Master Adaptive Learners (MAL) and modeling for lifelong learning. The purpose of this research was to introduce a DISC Focused Coaching Program (DFCP) to both mentors and mentees within a DPT post-professional residency program to understand the impact of coaching from their perspective. **Methods**: Qualitative phenomenological methods were used to understand the lived experiences of 8 participants (4 mentors and 4 mentees) over a 10-month DFCP. The mentees had an average of 4.75 months of clinical experience and were identified as novices. The mentors collectively had an average of 5.25 years of mentoring experience and 6.75 years of overall clinical experience. Both groups were administered the DISC and given 2 learning modules on communication and human engagement strategies based on the DISC for relationship building. Coaching sessions consisted of 2 group sessions between each mentor and mentee and 1 individual session with each, respectively, over a 10-month duration. A final semi-structured qualitative interview was conducted at the end of the program. **Results**: This study found 4 themes: Setting Expectations (for both the mentor and mentee), Relationship Building (occurred sooner than relying on it to occur "naturally" or possibly at all), Comfortable to Share Thoughts and Test Ideas (within a safe non-judgmental space to build confidence interacting with mentors and patients), and Engagement Strategies with Uncertainty (exhibiting collaborative and adaptive reasoning skills). **Conclusion**: A coaching program using the DISC can assist in building relationships between mentors and mentees and foster collaborative and adaptive clinical reasoning skills. Further research is needed to establish how a DFCP can foster relationship building and MAL respective to the mentor and mentee on the continuum of lifelong learning.

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ABSTRACT

Purpose: The focus of this study was to explore the impact of relationship building with a structured coaching program, using DISC, for mentors and mentees within a Doctor of Physical Therapy (DPT) post-professional residency program. The medical education literature supports the use of coaching for developing Master Adaptive Learners (MAL) and modeling for lifelong learning. The purpose of this research was to introduce a DISC Focused Coaching Program (DFCP) to both mentors and mentees within a DPT post-professional residency program to understand the impact of coaching from their perspective. **Methods**: Qualitative phenomenological methods were used to understand the lived experiences of 8 participants (4 mentors and 4 mentees) over a 10-month DFCP. The mentees had an average of 4.75 months of clinical experience and were identified as novices. The mentors collectively had an average of 5.25 years of mentoring experience and 6.75 years of overall clinical experience. Both groups were administered the DISC and given 2 learning modules on communication and human engagement strategies based on the DISC for relationship building. Coaching sessions consisted of 2 group sessions between each mentor and mentee and 1 individual session with each, respectively, over a 10-month duration. A final semi-structured qualitative interview was conducted at the end of the program. **Results**: This study found 4 themes: Setting Expectations (for both the mentor and mentee), Relationship Building (occurred sooner than relying on it to occur "naturally" or possibly at all), Comfortable to Share Thoughts and Test Ideas (within a safe non-judgmental space to build confidence interacting with mentors and patients), and Engagement Strategies with Uncertainty (exhibiting collaborative and adaptive reasoning skills). **Conclusion**: A coaching program using the DISC can assist in building relationships between mentors and mentees and foster collaborative and adaptive clinical reasoning skills. Further research is needed to establish how a DFCP can foster relationship building and MAL respective to the mentor and mentee on the continuum of lifelong learning.

Keywords: coaching, post-professional physical therapy, clinical education, master adaptive learners

INTRODUCTION

Post-professional education is essential to allied health professions to maintain professional licensure, contemporary skills, and competent clinical practice. [1–3] In fields such as nursing, physical therapy, or athletic training, mentoring facilitates professional transitions such as completing a structured post-professional program. [4–6] Mentoring occurs through the intentional transfer of information from a more senior or experienced individual to a mentee or novice professional. [7,8] Mentors facilitate the mentee's career development by advisement and providing new opportunities. [7] Mentoring relationships are often bidirectional, as mentors and mentees experience a sense of fulfillment and professional development. [7,9,10]

The role of a mentor is dynamic and often switches between transferring expertise, advising for career advancement, and coaching to engage a mentee's individual professional development. The literature identifies four mentoring positions in healthcare education: facilitator, coach, monitor, and exemplar.[11] The awareness of a mentor's position helps them understand how their behavior affects a mentee's learning and development.[11] The relationship between the mentor and mentee requires attention to the dynamic nature and evolution of the developing relationship, with clear expectations for each person in the relationship. [12] Identifying successful mentorship experiences for mentees includes compatibility, support resources, and early detection of when mentoring is failing. [9,10,13,14]

Compatibility between mentors and mentees is an essential factor for successful relationship building[12,13] because differences in personality traits, behavioral styles, and gender/cultural differences naturally exist.[15] The behavioral style assessment, DISC, provides insight into coaching and mentoring strategies in healthcare professions.[16,17] The DISC is a standardized and validated tool developed to help individuals understand behavioral styles and motivators for successful communication, rapport building, and overall positive engagement in the workforce.[18] The DISC behavioral styles are consistent across genders, cultures, and generations, making it an ideal tool for examining mentor and mentee interactions.[19,20] Identifying differences in behavioral styles helps predict performance and enhances success among health professionals' interactions.[15,17]

Coaching is learner-driven, inquiry-based, and guides learners to effectively use their existing knowledge to gain insights into their assumptions, clarify meaning about relevant outcomes, and identify specific actions leading to improvement in performance.[7,8,21] The literature supports coaching within a clinical environment as an effective tool for developing master adaptive learning skills and modeling for lifelong learning.[22-24] However, there is limited literature exploring the use of DISC as a coaching framework to support the mentor and mentee relationship. This study explored the impact of a DISC focused coaching program (DFCP) on relationship building between variations in behavioral styles of mentors and mentees' during a post-professional physical therapy residency experience.

METHODS

This study applied phenomenological methods to understand the mentor-mentee's experience and the impact of coaching from their perspective. [25] This qualitative inquiry used an inductive approach to identify mentor-mentees' experiences.[26]

The authors sent a recruitment email to residents and mentors of a post-professional physical therapy residency program. Seven participants signed consent and agreed to participate in this study. This study received approval during the primary author's enrollment in a terminal degree program through the university IRB# CPS19-03-15 for a monitoring interval of 12 months.

Data Collection

All participants (n = 8) in this study completed a demographic survey before enrolling in the coaching program. Four participants were new graduate physical therapists enrolled in an accredited post-professional physical therapy residency program. Four participants identified mentoring experience ranging from 3-9 years. (Table 1)

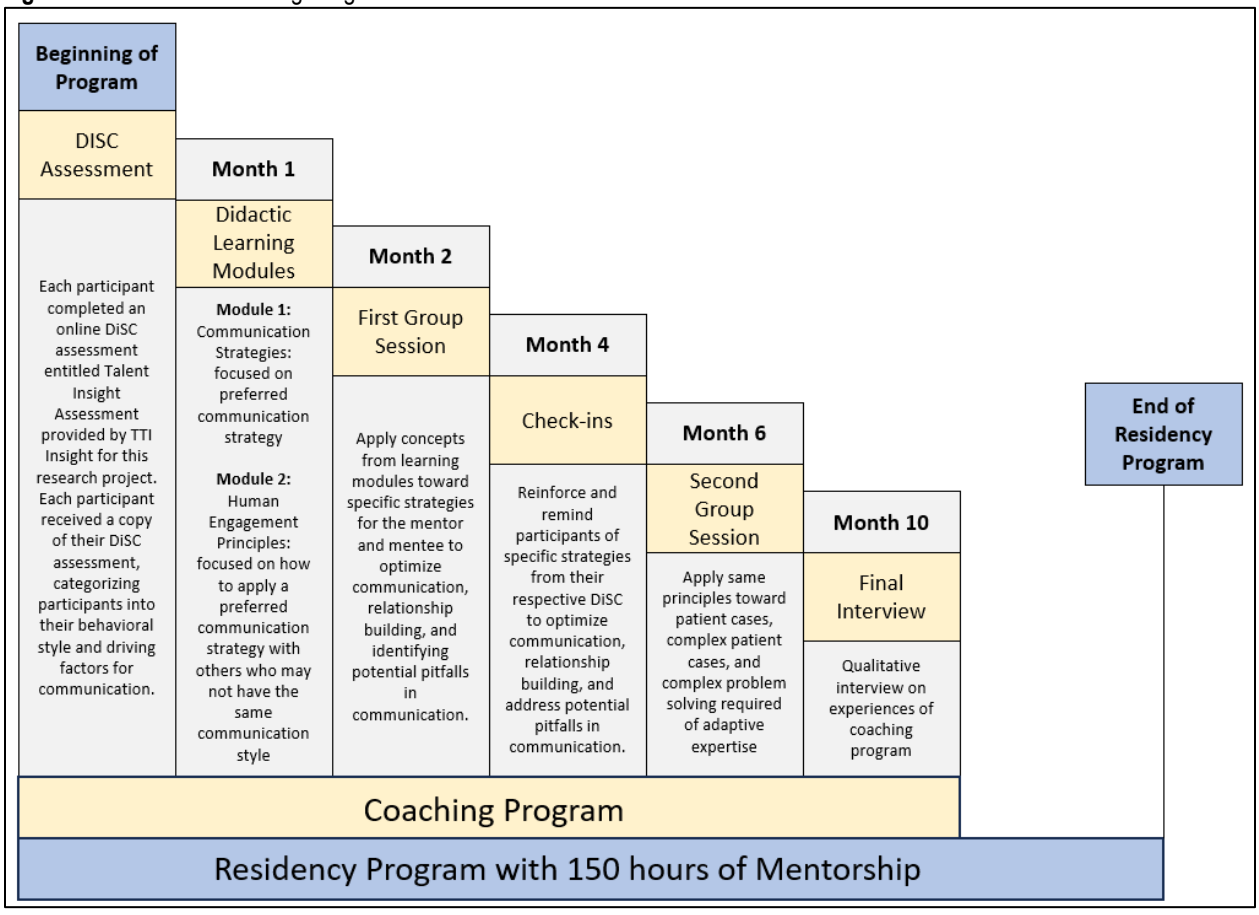
Table 1. Participant Characteristics

Participant/ Pseudonym	Age	Months/Years as a Practicing PT	Years of Experience as a Mentor	Gender
Brad	26	4 months	-	Male
Carol	28	4 months	-	Female
Dennis	25	6 months	-	Male
Elliot	25	5 months	-	Male
Zack	38	12 years	9 years	Male
Yvonne	31	5 years	4 years	Female

Participant/ Pseudonym	Age	Months/Years as a Practicing PT	Years of Experience as a Mentor	Gender
Wanda	30	4 years	3 years	Female
Viki	32	6 years	3-9 years	Female
Range	25-38	4 months - 12 years	5.25 years	-
Average	29.375	4.75 months (Mentees) 6.75 years (Mentors)	-	-
Total	-	-	-	4 Female 4 Male
Percentage	-	-	-	50% Female 50% Male

All participants received an overview of the DFCP timeline with milestones, which included taking the DISC, reviewing didactic learning modules, participating in group sessions (mentor with mentee), individual sessions, and a final interview at the end of the program. (Figure 1)

Figure 1. Ten-Month Coaching Program Overview



Each participant completed an online DISC behavioral assessment through TTI Success Insights,[27] a valid and reliable tool that examines the behavioral styles of individuals.[28] The DISC quantifies human behaviors into four quadrants: dominance, influencing, steadiness, and compliance.[28,29] Understanding DISC behavioral styles provides insight into coaching and mentoring strategies for compatibility, relationship building, and program success.[16,17,30]

The authors introduced the coaching program alongside a 12-month post-professional residency program requiring 150 hours of mentorship between a mentor and a mentee. At the beginning of the residency/mentorship program, all participants were enrolled

in the coaching program, which lasted 10 months of the 12-month residency/mentorship program. (Figure 1) Each participant took the DISC to identify behavioral styles and motivators of communication preferences and driving factors within the program's first month to guide coaching mentors and mentees. Two researchers organized the study. One researcher was the residency/mentorship program director, and the second was the “coach” who recorded the didactic learning modules and coordinated the group sessions and individual check-ins. The coach was certified through TTI Insight to evaluate and provide coaching based on the results of the DISC. Neither researcher counted as participants in this study.

Upon completion of the DISC assessment, all participants were given a copy of their DISC behavioral style through TTI Success Insights to review before the didactic learning modules. All participants took 2 didactic learning modules, communication strategies and human engagement principles, which applied to each participant's DISC assessment. The first module was on communication, which used activities for each participant to optimize communication within their DISC behavioral style. The second module was on human engagement principles, which discussed barriers to communication and engaging with different DISC behavioral styles effectively.

Within the second month of the program, the coach set up 4 group sessions. Each group session was between one mentor and their respective mentee. The DISC behavioral assessment of both the mentor and mentee was discussed for each individual and as a team to optimize communication, address barriers in communication, warning signs, and strengths of differences. The coach provided scenarios using both the mentor and mentee's DISC behavioral style within the context of mentoring. For example, "As a mentor, you have a really high D, which is very direct and to the point. You like data given to you quickly to base a decision. Your mentee is a really high C, which likes to take things slower and more organized. When the clinic gets busy, it's important to slow down and ensure your mentee is not overwhelmed. Maybe give them a task to reflect on and return to you rather than put them on the spot."

The mentors and mentees had eight weeks to apply examples and recommendations from the first group session. In the fourth month of the coaching program, the coach conducted individual “check-ins.” Each participant had approximately a twenty-minute call with the coach to "check in" on how the strategies were helping, not helping, or indifferent. The goal was to reinforce and remind participants of specific strategies and examples from their respective DISC and group sessions.

All participants were given another eight weeks from the "check-ins" before the second group session. At six months in the coaching program, the coach set up another 4 group sessions. Similar to the first, each group session was between the same mentor and mentee. The same DISC behavioral assessment from the mentor and mentee in the first group session led these sessions. The coach followed up with points made from the individual "check-ins" and allowed the mentor and mentee to discuss how they communicated effectively, addressed differences or stressful moments, and applied an understanding of each other's DISC behavioral style. The second group session also provided examples and scenarios of using the same principles in complex patient cases and facing uncertainty through collaborative and adaptive reasoning skills.

After the 10-month coaching program, the primary researcher scheduled a final interview with each participant. One researcher conducted semi-structured interviews remotely using an audio and visual platform with recording capability. The interview followed prompts from prepared questions but followed the participant's responses and non-verbal cues for further probing to identify the main points from the conversation. The researcher collected field notes taken during the interview and typed them into a transcription of the recorded conversation. All transcripts from the interview were sent to each participant for member checking for the accuracy of transcribed data.[31]

Data Analysis

The researcher processed the transcribed data through Microsoft Word to analyze. An inductive approach to the qualitative data analysis was applied, which consisted of a constant comparative approach to compare one participant's interview to another.[26] The primary researcher highlighted vital points and developed a list of codes that represented each participant’s experience. Transcribed statements and alignment to field notes to capture each participant’s experience from the interview represented codes from the data. Subsequent interviews followed the same process and applied the constant comparative approach, identifying similarities coded with the same terminology or categorized under a new code.[26] Codes from each interview were compared to the growing list of codes until data saturation was achieved and no new codes emerged from subsequent interviews.[32] The researcher compared the codes from each interview to establish themes and subthemes within the data to understand the perspectives of mentors and mentees from the coaching program as they pertained to communication, relationship building, reasoning strategies, and development of expertise.

A second round of member checking with each participant involved sharing the themes, subthemes, and coded quotes to ensure accuracy and explore whether the results resonated with the participants experience. [31] The second researcher was given the transcript data and codebook to review and determine if the data supported the themes and to identify any inconsistencies or contradictory findings. [33] The second researcher, familiar with qualitative research, determined no inconsistencies in the data analysis upon review and accuracy. The second review and member checks from all participants provided methodological rigor as suggested to establish trustworthiness and creditability in qualitative research. [33]

RESULTS

Table 1 represents the demographic data for the eight mentor-mentees who participated in the study. Qualitative analysis revealed four primary themes from implementing a coaching program within the first 10 months of a 12-month residency/mentorship program: (1) Setting Expectations, (2) Relationship Building, (3) Comfortable to Share Thoughts and Test Ideas, and (4) Applied Engagement Strategies with Uncertainty. (Table 2)

Table 2. Themes with Exemplars

Theme	Subtheme	Exemplars
Theme I: Setting Expectations		Yes, for that. That's probably the most, again, not only just that professional relationship but also the expectations. I think that's very important up front, especially because mentors are busy. It's another thing that we have to do. Just setting that expectation and scheduling helps, definitely helps.
Theme II: Relationship Building	Preferred communication styles	Yeah, I think it definitely saved time because rather than having to kind of sit around and pick things up over time especially with the profiles in that coaching session, it was right there.
Theme III: Comfortable to Share Thoughts and Test Ideas	Mutual Respect	There's still a good amount of that mentor, mentee aspect that I think with the knowledge that I've gained, the field is a little bit more level.
	Safe Non-judgement Space	See something, have an idea of what I wanted to continue to. But with that I'd be able to say, look, this is what I'm thinking, but I'm not sure. Is there something I might be missing or something else that I should check? And usually Chris would have, did you check this? Did you check that? And sometimes I did and other times I hadn't.
	Confidence	Yes, I do believe that the residency program has definitely built my confidence as when I was a new grad there. I was unsure about a lot of things and I was uncomfortable in that uncertainty.
Theme IV: Applied Engagement Strategies with Uncertainty	Collaborating with mentor	She always very available, convenient to work with. Being in the same clinic allowed us to collaborate on patients very directly. Yvonne and I could directly collaborate together on trying to get complex patients heading in the right direction
	Collaborating with patient	So, just trying to make sure that you can meet what the patient wants as well and not just increasing range of motion, or making sure that you actually have a understanding of what would make the physical therapy experience better for them. That's definitely something that helped me a lot.

Theme I: Setting Expectations

The context of the first theme was that coaching assisted in Setting Expectations for the mentorship experience. “Having time to formalize getting to know each other” sets the expectation for professionalism and commitment of both the mentor and mentee. The mentees communicated expectation setting as essential to formalize a commitment to the mentorship process and the dedication necessary by both the mentor and mentee to have a successful learning experience. The mentors expanded the importance of setting expectations through logistical functions such as scheduling, how and when mentoring will happen, and the expectation of the mentee to ask questions. The mentors found value in coaching to accomplish setting expectations and having external support when expectations were not being met. Coaching allowed an opportunity to create accountability measures and pathways for conflict resolution between the mentor and mentee within a structured mentorship program.

Theme II: Relationship Building

The second theme was that coaching provided an opportunity for Relationship Building between the mentor and mentee. The mentors reported that relationship building would happen “naturally with time," but coaching allowed the relationship to build much sooner. One mentee captured this most clearly by stating, "Yeah, I think it definitely saved time because rather than having to kind of sit around and pick things up over time, the profiles in that coaching session, it was right there.” Being new graduates, the mentees commented that coaching assisted with decreasing the intimidation factor with their mentors. The mentors reflected on their experiences mentoring other new graduates and reported that coaching allowed relationship building to bring the mentee to a place where they could have richer mentorship interactions. When relationship building occurred sooner, it translated to more quality mentorship interactions within the residency/mentorship program.

Theme III: Comfortable to Share Thoughts and Test Ideas

The context of this theme developed because of relationship building. As both the mentor and mentee developed their professional relationship, each observed the commitment of each other’s respective roles within the mentorship program. The mentees reported being more comfortable to share thoughts and test ideas. This theme had subthemes of establishing mutual respect, having a safe, non-judgmental learning space, and developing confidence with mentor support when needed. It was a significant point that each mentee brought up that establishing mutual respect was crucial in being a “licensed professional” but also understanding that they are not an expert and needed mentorship support. The mentees reported that trusting their mentor would not judge them for incorrect or less favorable clinical decisions was essential to them. They reported appreciating how their mentors did not "shoot down" their ideas immediately but would instead ask if they "thought about trying it a different way?” This led to reports of developing greater confidence from both the mentor's and mentee's perspectives. Mentors reported that new graduates naturally become more confident by the end of a mentorship program without any coaching. However, coaching added value by allowing mentees to learn and apply their own communication style, which mentors observed to impact confidence “during the mentorship interactions and patient interactions.” Mentees distinguished between improving confidence based on improving knowledge or techniques (i.e., readings, videos, hands-on skills, etc.) versus confidence communicating with patients from the coaching program. The mentors and mentees converged on the coaching program, helping to develop confidence to improve communication within mentorship and patient interactions.

Theme IV: Applied Engagement Strategies with Uncertainty

Mentors reported observing mentees applying strategies from the coaching program to collaborate better or involve the patient in the decision-making process. Mentors also noted that "understanding communication styles other than your own allows you to see better where patients might be coming from." Mentees reported on the importance of applying communication and engagement strategies to build a therapeutic alliance and learn how to communicate with patients more effectively. Mentors noted the importance of "soft skills" to meet the patient where they are and adapt to an evolving encounter. Communication and engagement strategies provided mentees "… with skills to build on as they learn to adapt and change an intended plan." When uncertain, mentees applied engagement strategies with their mentors and patients to problem-solve and create a collaborative solution.

DISCUSSION

This study explored the lived experiences of physical therapist mentors and novice mentees within a structured mentorship program by adding a 10-month DISC Focused Coaching Program (DFCP) within a 12-month residency/mentorship program for physical therapists. The DISC validity is consistent between genders, cultures, and generations.[19,20] This consistency makes it an ideal tool for examining interactions between mentors and mentees. This study found that adding a DFCP within a residency/mentorship program established Setting Expectations for both the mentor and mentee and Relationship Building to occur sooner than relying on it to occur “naturally” or possibly not at all. This study also found that mentees were more Comfortable to Share Thoughts and Test Ideas in an environment of mutual respect, with a safe non-judgmental space, and building confidence with mentor and patient

interactions. Lastly, the addition of a DFCP allowed mentees to apply Engagement Strategies with Uncertainty through collaborative and adaptive reasoning with their mentor and patients to solve complex clinical problems.

Mentoring requires establishing preplanned specific educational objectives, which involves generosity of time, empathy, and a willingness to share knowledge and skills. [14] A DFCP is learner-centered and requires learner and mentor engagement regardless of preparing entry-level practitioners or meeting objectives specific to a practice setting.[24,34] DFCP is an additional level of engagement beyond transferring technical performance skills from mentor to mentee, which explains the benefits of coaching as beyond improvements in patient functional status change. [34]

Physical therapists continue developing expertise within their first year of clinical practice and beyond. Even the most motivated novice physical therapists still present with similar developmental needs, such as learning through experience, growing confidence, and professional identity formation and role transition.[36] This study explored the impact of adding DFCP within post-professional residency/mentorship programming on the lived experiences of mentors and mentees.

A DFCP for both the mentor and mentee can allow mentees to create greater meaning and sensemaking in their clinical practice to enrich experiential learning.[37] In this study, mentors reported on the importance of "soft skills" to meet the patient where they are and adapt to an evolving encounter. The mentor and mentee reported that the DFCP provided insight into understanding how their own DISC behaviors informed soft skills such as communication and empathy. The mentees also reported how the DISC behaviors provided greater context within their patient encounters by applying communication strategies from the DFCP. They became more comfortable with unfamiliar situations as they relied on communication and relating skills to engage with both the patient and their mentors as necessary. Learning experientially within this context provides a rich mentorship experience which mentors in this study found to occur sooner in the mentorship program as a result the coaching program.

Within physical therapy, matching and compatibility of mentors and mentees accounted for novice therapists' developmental needs and the ability to establish stronger long-term relationships for both the mentor and mentee.[9,10] Coaching for preferred communication and relationship building is essential between a mentor and mentee to understand each other for a successful mentorship experience.[13,14] This study found that a DFCP allowed compatibility between a mentor and mentee to occur sooner in a mentorship program than relying on relationship building to occur naturally or spontaneously. Utilizing the DISC behavioral assessment with a DFCP allowed the mentor and mentee to understand each other's preferred communication styles and perspectives. The DISC coaching approach allowed for standardized communication and relating techniques, generalizable across variability in mentors and mentees such as gender, culture, and age.

The DFCP in this study found setting expectations as a theme between the mentor and mentee from the beginning of the program. The first group session allowed the mentor and mentee to understand each other's DISC behavioral styles to establish expectations and build a professional relationship. In this study, a DFCP for the mentor and mentee allowed for setting expectations and building relationships early in the program.

The mentors in this study reported from their past experiences and observations of new graduates becoming more confident by the end of a mentorship program. This correlates with the literature on first-year novice physical therapists who did not undergo mentorship.[36,38] However, in this study, a DFCP allowed mentees to learn and apply their communication style with their mentors and patients more confidently. The mentors reported that adding a DFCP impacted confidence "during the mentorship and patient interactions." The mentees reported improving confidence within the residency program through acquiring knowledge or practicing treatment techniques learned within the program's curriculum (readings, videos, hands-on skills, etc.), which the DFCP did not influence this aspect of confidence development. Instead, the DFCP impacted the development of confidence for mentees to articulate thoughts and test new ideas by interacting and collaborating with their mentor to solve clinical problems.

Research in clinical decision-making and clinical reasoning evolved from psychometric aspects of reasoning and the development of measurement tools to understanding practitioners' lived experiences and the impact of patient-centered care [39] This study found that a DFCP allowed mentees to engage their mentors from a place of mutual respect, without feeling judged, for sharing evolving ideas or rationale for decisions. This creates an environment favorable for mentees to explore concepts and ideas reflective of adaptive reasoning, most notably reflecting-in-action with their mentors. [40,41] Mentors were better able to guide mentees reflecting-in-action when based on mutual respect, from a place of non-judgment, to explore novel situations or handle uncertainty (i.e., probing, asking adjacent questions, predictions, etc.). This outside-the-box thinking or experimenting with novel situations is less likely if the mentee feels intimidated or judged by their mentor.

It was intentional to use the first group DFCP session (Month 2) with the mentors and mentees to build on the communication and human engagement modules (Month 1) guided by DISC. (Figure 1) Then, in the second group coaching session (Month 6), extend relationship and engagement strategies toward patient care. Growing communication skills directly relate to developing confidence in novice therapists.[36] Within this DFCP, mentees' confidence developed alongside rich engagement between their mentor and patients through collaborative and adaptive reasoning skills. As mentees became more confident in engaging their mentors and patients, they demonstrated collaborative reasoning skills involving the patient, family, and other healthcare team members in their decision-making process.[42] By involving more factors in an unfolding or evolving patient case, mentees demonstrated aspects of adaptive reasoning, which applies varied types of reasoning in response to an unfolding situation requiring the therapist to adapt to the patient encounter.[42] This aligns with the Master Adaptive Learner (MAL) conceptual model proposed as a framework describing the development of adaptive expertise from a clinical educational perspective. [33]

Within the context of the MAL model, adaptive expertise requires developing problem-solving skills with innovation and creativity to apply to novel or unfamiliar clinical situations, which aligns with elements of adaptive reasoning strategies.[24,34,42] MAL requires a dynamic process of curiosity, motivation, mindset, and resilience with support and guidance from coaching and the learning environment.[24] This study found the addition of a DFCP for both mentors and mentees fostered an environment for adaptive reasoning skills and adaptive expertise to develop.

Limitations

The limitations of this study are conclusions based on one cohort of mentors and mentees within one institution. The findings are not generalizable and require further research to address such an important topic. This study explored relationship building in a small cohort using the DISC to guide the coaching of the mentor and mentee. Further, the context in which novice physical therapist adaptive expertise through a coaching program guided by DISC behavioral assessment. The first two themes, Setting Expectations and Relationship Building, should be further explored if they serve as foundational to allow mentees to feel Comfortable to Share Thoughts and Test Ideas with a mentor. Furthermore, how does a safe, non-judgmental environment with mutual respect allow mentees to confidently experiment with creative or innovative problem-solving dialogue with a mentor as defined by developing adaptive expertise? This can be within a structured residency/mentorship program, as investigated in the study, or within a structured new graduate workplace learning program. Lastly, a DFCP does not exclude mentors who may benefit from relationship building, engagement strategies, and development of adaptive expertise which are foundational to a life-long learning.

CONCLUSION

This study explored the impact of relationship building with a DFCP for mentors and mentees within a Doctor of Physical Therapy post-professional residency program. Within a structured 12-month residency program, a 10-month coaching program was introduced for both the mentors and mentees. Qualitative phenomenological methods were used to understand the lived experiences of eight participants (4 mentors and 4 mentees) on the impact of adopting a DISC framework for coaching from their perspective. This study found 4 Themes by adding a coaching program within a residency/mentorship experience: Setting Expectations (for both the mentor and mentee), Relationship Building (occurred sooner than relying on it to occur “naturally” or possibly at all), Comfortable to Share Thoughts and Test Ideas (within a safe non-judgmental space to build confidence interacting with mentors and patients), and Engagement Strategies with Uncertainty (exhibiting collaborative and adaptive reasoning skills). A DFCP can assist in building relationships between mentors and mentees and foster collaborative and adaptive clinical reasoning skills. Further research is needed to establish how a coaching program using the DISC can foster relationship building between gender/cultural differences and MAL respective to the mentor and mentee on the continuum of lifelong learning.

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