The Section on Pediatrics, the leadership and members, has been talking a lot about mentoring lately. And this is such a good thing! I remember giving a talk about mentoring at CSM over 10 years ago and I am glad that we are still advocating for mentoring. For many years APTA offered a mentoring program and I would frequently receive emails or calls from therapists requesting guidance and support. The program ended in 2010 but now the Section has its own mentoring program. I encourage members to volunteer to serve as a mentor; it is such a rewarding experience. As excited as I am about our new program I want to take a simple step further and share with you some thoughts on grass roots, hands-on mentoring.

During our annual EI SIG meeting at CSM, members identified grass roots mentoring as their primary need. Recent graduates and therapists new to early intervention, shared experiences of going to homes alone, uncertain of what early intervention should “look like” and not having a peer to discuss questions. I had the privilege of working for an early intervention agency where the director of therapy services was insightful and willing to support good practice. She identified experienced therapists who would be available so many hours a months to do mentoring visits with newer therapists. I believe it is important for us to advocate for mentoring and to suggest creative strategies. With parent permission, here are a few to consider:

- For an experienced therapist: Offer one pro-bono visit per month to your agency to mentor a new therapist.
- For a new therapist: Request that during your first month of employment you have the opportunity to shadow other service providers.
- Skype a colleague in! Use a webcam on a laptop to video the situation you have a question about, a piece of equipment, the layout of the room, the child’s method of mobility – and then have a live discussion with the parent, colleague and yourself.
- A variation on the strategy above: Videotape the situation and view the tape and discuss it with other members of the team or with another colleague or medical health professional.
- Host monthly “case rounds”: Take turns presenting a child / family you are serving. Identify, gather evidence on, and discuss challenging clinical-decision making issues.
- A variation on the strategy above: Select a case from a web or print resource and share perspectives on intervention strategies.
- Develop a Pinterist site to share visual images of innovative toys, play-ideas, activities, and routines that are fun to use in EI.
- Post a resource / idea on the EI SIG Face Book page.
- Start a video library of routines, activities, and intervention strategies in early intervention: Video short segments of a session and write-up a small vignette and explanation and share them among the team.

And there are many more possibilities – I encourage you to share your ideas and suggestions for mentoring on the EI SIG Face Book page or the Section on Pediatrics list serve. Let’s support each other in early intervention.

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