New rehabilitation clinicians entering the workforce need mentorship. In developing countries, occupational, physical and speech therapists often request mentorship from multiple disciplines due to the lack of trained clinicians and that mentorship can be difficult to obtain. In Guyana, South America and in Ghana, West Africa, the source for occupational therapy mentorship must be from other countries because the occupational therapists are the first in their respective countries. In Morocco, the first class of occupational therapists will graduate in June 2020; therefore, they will also be in need of mentorship and the current physiotherapists benefit from interdisciplinary mentorship in order to provide holistic treatment to patients. An International Interprofessional Mentorship program was created in order to provide these therapists with the mentorship they need.

To date, therapists have joined the mentorship sessions from Botswana, Ghana, Guyana, Haiti, Kenya, Malawi, Morocco, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe. Topic requests from the participating clinicians vary from how to communicate with children with autism to neurodevelopmental treatment. Currently, once or twice a month, the clinicians participate in an hour webinar that includes a 45 minute presentation followed by a 15 minute question and answer session. Presenters are experienced clinicians from different disciplines, such as occupational therapists, physiotherapists and speech and language pathologists presenting within their area of expertise. Clinicians are also encouraged to ask any mentoring questions they have about their current caseload.

This mentorship program is sustainable due to its organizational design and negligible costs. In addition to the founder and chair, there are 2 co-vice chairs responsible for its success, such as recruiting presenters, supporting the clinicians and hosting the presentations. This model is easily transferable to any organization and is especially relevant for large hospital networks that have access to multiple trainers. The major requirement for success is reliable internet access.

Online mentoring has already been implemented in many healthcare disciplines with benefits reported in the ease of implementation and lower costs associated (De Witt Jansen, 2018; Lewiecki, et al., 2017; Westervelt et al., 2018). In a study examining online mentoring using the ECHO© (Extension for Community Healthcare Outcomes) Model, the participants reported the greatest strength of the program was the inclusion of multiple disciplines in the online community (De Witt Jansen, 2018). International online mentoring has also been studied in both physiotherapy and nursing with positive results, emphasizing the removal of barriers, such as cost, access to mentorship and continuing education (Westervelt et al., 2018).
professionals in underserved and rural areas has also been shown to provide a community of support that helps to prevent professional isolation and keep clinicians in those areas up to date on research developments (Lewiecki, et al., 2017).

The biggest lesson learned thus far is that the organizers need to express the importance of tailoring presentations to an audience that is extremely limited in resources. The presenters need to be prepared for questions on alternative equipment and supplies that may be readily available in their work environment.