# ENGAGING BOTH MENTORS AND MENTEES: A NEW PARADIGM

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In addition to structured mentor-mentee relationships, health lawyers may wish to consider participating in ad hoc mentoring activities by engaging with colleagues who may be particularly knowledgeable in different facets of health law and/or in different stages of their legal careers to obtain varying perspectives such as the following:

**A — Ask issue-spotting questions to build analytical depth to sharpen judgment in gray areas.** Encourage mentees to think like litigators as well as regulators (*e.g.*, "What's the compliance risk here?"). Encourage mentees to lead short 'reverse briefings,' where they present a compliance issue and a colleague asks probing questions - - then switch roles. This builds analytical depth while also letting mentees provide mentors with fresh perspectives.

**H — Highlight regulatory context.** Health law lives inside often complex regulatory frameworks (*e.g.*, HIPAA, Stark Law, Information Blocking). Assist mentees in connecting facts to new regulations and understand how federal and state agencies enforce them. Conduct 'teach-back' sessions where mentees explain key aspects of a rule to peers. Teaching reinforces subject matter mastery and positions mentees as mentors in their own right.

**L — Link legal developments to real-world health care delivery through 'shadowing exchanges.'** To illustrate how legal and regulatory decisions from federal and state bodies affect health care organizations, physicians, and patients (*e.g.*, how regulations promulgated by the U.S. Department of Health and Human Services translate into operational changes within healthcare organizations), pair lawyers with clinicians, risk management and/or compliance staff for short shadowing exchanges. A junior lawyer might mentor a clinician on legal risk while learning operational realities in return.

**A — Anticipate enforcement trends.** Encourage mentees to follow enforcement patterns and advisory opinions to help predict areas of risk before clients become exposed (*e.g.*, U.S. Department of Justice, HSS Office of Inspector General, Centers for Medicare and Medicaid Services, state-level agencies). Create small 'trend squads' that rotate leadership - - each member mentors the group for a week on enforcement updates then becomes a learner the following week.

**M — Model ethical decision-making utilizing roundtables where participants bring anonymized dilemmas to demonstrate how to balance business pressures with patient welfare and professional responsibility.** Health lawyers often face difficult ethical dilemmas which may impact both patients and clinicians as well as involve organization reputational risk.

Rotate facilitators so each participant practices serving in a mentor role while also receiving guidance on navigating competing business pressures.

**E — Emphasize precision in communication.** Whether drafting business documents or advising clients orally, clarity is critical. Misinterpretation of healthcare compliance requirements can lead to serious consequences. Legal advice is based upon the particular facts and circumstances; hence the phrase, "It depends . . . ". Host 'redline workshops' where one lawyer drafts and another critiques - - then they switch roles. This reciprocal editing exercise builds both mentoring skills and attention to detail in analyzing high risk business documents or advising clients on sensitive matters.

**N — Nurture interdisciplinary teams to translate legal and regulatory compliance into practical guidance that clients can use.** Health lawyers regularly collaborate with clinicians, administrators, risk management and compliance officers. Coach mentees on translating legal and regulatory requirements into practical guidance which clients can use. Set up cross-functional pairings or teams (*i.e.*, legal + compliance + operations + risk management). Each participant teaches their domain while learning another, mirroring the collaborative environments common in healthcare organizations.

**T — Teach documentation discipline through 'mock audits'.** In healthcare, there is a familiar aphorism, "If it isn't documented, it didn't happen." Reinforce mentee habits relating to thorough client record-keeping and defensible legal analysis. Turn documentation reviews into peer-led audits. Assign mentees to lead mock audits, mentoring others on best practices while being coached on gaps in their own approach to documentation.

**O — Offer scenario-based learning sessions.** Use hypotheticals (*e.g.*, insurance billing audits, cybersecurity data breaches, physician compensation models) to build mentee readiness for issues that arise in daily health law practice. Practice scenarios and rotate roles to understand all perspectives - - incident lead, advisor and regulator - - in order for each participant to have an opportunity to mentor others in one role and learn in another role.

**R — Reinforce adaptability in a constantly evolving field of law through 'learning exchanges.'** Health law evolves quickly (*e.g.*, policy shifts, new reimbursement models, emerging technological developments). Encourage continuous learning where each lawyer teaches a short update tied to recent federal and state legal and regulatory developments on a frequent basis such as through a weekly department huddle. Participants alternate between serving as an instructor and a learner, thereby keeping skills current and shared. Assign different lawyers to subscribe to various health law news services and share items of interest within the department. Create an informal listserve of colleagues within the same health law specialty to obtain various perspectives on important or emerging issues.