June 21, 2018

Mentoring the Mentor

Sponsored by Ortho Residency Fellowship SIG and RFEducationSIG

Taking your mentoring program from Good to Great

ORTHOPAEDIC SECTION
LEADERS. INNOVATORS. CHANGEMAKERS.

Academy of
Physical Therapy Education

Sponsors

- **OrthoRFSIG - Ortho Residency Fellowship SIG of the Orthopaedic Section**
- **RFESIG - Residency Fellowship Education SIG of the Academy of PT Education**

What we hope to achieve today

- ❏ Discuss how an **organizational framework** that can push a good mentor to a great one
- ❏ Help you decide which part of your **system needs to be enhanced** or if your mentor may need remediation
- ❏ Use case studies/real examples of how **form(s)** can help and hurt your mentoring program

How we will achieve our goals today

- ❏ Overview of 7 key elements or Habits of an Exceptional Mentor/Mentoring Program
  - ❏ Definitions
  - ❏ Problems or Pitfalls and how these affect the program
  - ❏ **Question and Answer**
- ❏ Case Studies
  - ❏ Neuro case study
  - ❏ Ortho case study
  - ❏ **Question and Answer**
- ❏ Course evaluation

Webinar Logistics

- How to ask a question
  - Audience will be muted during the presentations.
  - Type your question into CHAT ROOM at any time during webinar.
  - We will take your written questions during Q and A periods and unmute the audience for additional verbal questions.
  - Please keep background noise quiet when session is unmuted.

Webinar Logistics

- We’ll ask you to complete a survey at the end to give us feedback.
- Webinar recording, PPT, excellent reference list and forms will be loaded onto OrthoRFSIG website and posted on RFESIG Hub Communities after webinar.

Who We Are: Our Speakers

Kris Porter, PT, DPT, OCS is the Director of Education for The Jackson Clinics, a 17 clinic private practice in Northern Virginia. He is also the Director of their Orthopedic Residency and Foot/Ankle Fellowship Programs.

Arlene McCarthy, PT, DPT, NCS is the Director of the Kaiser Permanente Neurologic Physical Therapy Program in Northern California. She is also a site reviewer for ABPTRFE.

Who We Are

Moderators:

Kathleen Geist, PT, DPT, FAAOMPT, Vice President, OrthoRFSIG

Carol Jo Tichenor, PT, MA, FAPTA, Vice Chair, RFESIG

Consultant:

Matt Haberl, PT, DPT, OCS, FAAOMPT, President, OrthoRFSIG

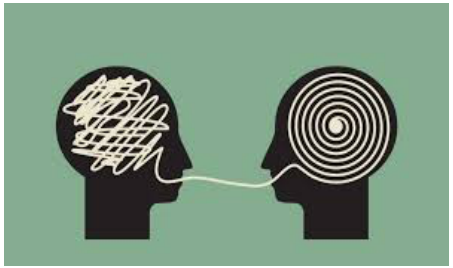
The 7 Habits of Highly Effective Mentoring

1. Shared Core Values with sponsoring organization & program
2. Promote a Common Language and Thinking Framework
3. Deeply Understand the mentee's post-professional curriculum
4. Team mindset (it takes a village)
5. Adaptability to various learners/situations
6. Deeply understand the Developmental Stages of mentee
7. Promote a "Growth Mindset" or "Grit"

1. **Shared Core Values w/ sponsoring organization & program**
   - ❑ Productivity & practice setting
   - ❑ Admin directives vs. learning directives
   - ❑ Generalizable vs. customized curriculum design
   - ❑ High turnover programs
   - ❑ Mentor's clinical background
   - ❑ Mentor's teaching philosophy

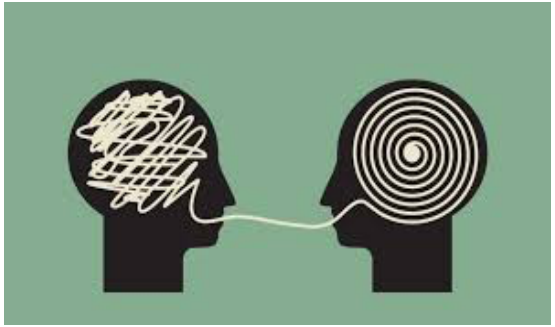
2. Promote a Common Language and Thinking Framework

- ❏ Example: How do your mentors define “PT Diagnosis?”
- ❏ Example: **Patient with anterior knee pain secondary to.....**
  - ❏ compressive force caused by an excessive knee hyperextension moment
  - ❏ ankle DF mobility deficit
  - ❏ ankle fracture with delayed healing
  - ❏ patient lack of patient compliance with exercise instructions
  - ❏ Prior history of meniscus surgery to anterior aspect of meniscus
- ❏ Critical and Clinical Reasoning Frameworks
  - ❏ HOAC - Hypothesis Oriented Algorithm for Clinicians
  - ❏ Forward, Backward, Narrative Reasoning
  - ❏ Your own documentation, forms, etc.



2. Promote a Common Language and Thinking Framework

- How does your organization deepen its fluency?
  - Faculty Training Programs
  - Faculty Meetings
  - Annual Observation of Mentor
  - Mentee Orientation
  - Didactic Coursework
  - **Forms & Grading Scales**

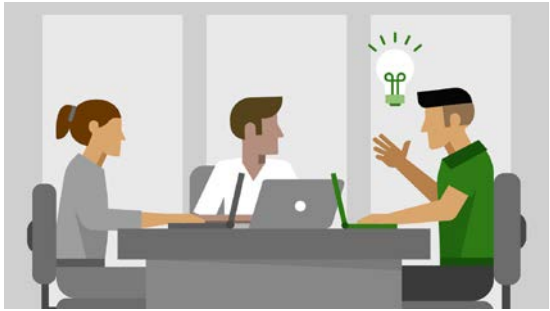


3. Deeply Understand mentee's post-professional Curriculum

- **Awareness of the purpose of all key curricular elements as well as the timing of the curriculum**
  - Didactic
  - Mentoring (forms & grading scales)
  - Performance Review
  - Examinations (e.g. board certification prep, skills check/OSCE)
  - Reflections
  - Discussion Boards
  - Medical/Surgical Shadowing

4. Team mindset (it takes a village)

- ❏ Director, Faculty, Mentor (formal)…
- ❏ Assistant, Clinic Director, Front Office (informal)...
- ❏ Passing the Baton (Great Goal Writing)
  - ❏ *E.g. Establish discharge criteria on visit #1*
- ❏ Regular Faculty Meetings
- ❏ Mentors must reflect



5. Adaptability to various learners/situations

- ❏ Mature vs. entry level mentee
- ❏ Non-ideal patient mix
- ❏ HOW we communicate is as important as WHAT we communicate
- ❏ Personality/Learning Styles
- ❏ Perfectionism/Self Compassion continuum

6. Deeply understand the stages of development of mentee

- ❏ **Where should they be?**
  - ❏ In program context (e.g. indep with foot manipulation)
  - ❏ In individual context (e.g. teaching foot manipulation to student)
- ❏ **Where is the mentee?**
  - ❏ Previous mentor passdowns
  - ❏ First 2-3 mentoring sessions
  - ❏ Other
    - ❏ Examination results
    - ❏ Self Assessment
    - ❏ Reflections

6. Deeply understand the stages of development of mentee

- Your mentee has received an “unsatisfactory” grade for their AROM testing for the spine using an inclinometer month 2 into the program and has a goal for “satisfactory” by month 4.
- How to push them to the next stage?
  - Set clear goals using:
    - Written documentation
    - Determined framework
    - Program specific language
    - Timeline
    - Follow up!

7. Promote AND display a “Growth Mindset” or “Grit”

***Grit:* perseverance and passion for long-term goals**

- ❏ Requires mentors to **not step in and then vanish** when mentoring is over
- ❏ Requires mentor to focus on the **process** as much as the **outcome**
- ❏ Engage mentee with **complex and long term goals**
  - ❏ e.g. Establish accurate discharge criteria at visit #1

Q & A on the 7 Habits

1. Shared Core Values with sponsoring organization & program
2. Promote a Common Language and Thinking Framework
3. Deeply Understand the mentee's post-professional curriculum
4. Team mindset (it takes a village)
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7. Promote a "Growth Mindset" or "Grit"

Neuro Residency Case Example

Neuro Case: Rachel the Resident

- ❏ Rachael the resident moves from inpatient to outpatient setting.
- ❏ Continues to use ICF form for mentor preparation and completes it including personal factors.
- ❏ Observed to be hesitant/delaying including family member(s).
- ❏ Rachael receives feedback regarding “patient-centered care” and its impact and value to patients.
- ❏ Rachael demonstrates: use of blaming language, stiff posture, shifting to intellectualization, negating mentor feedback, and defensiveness.

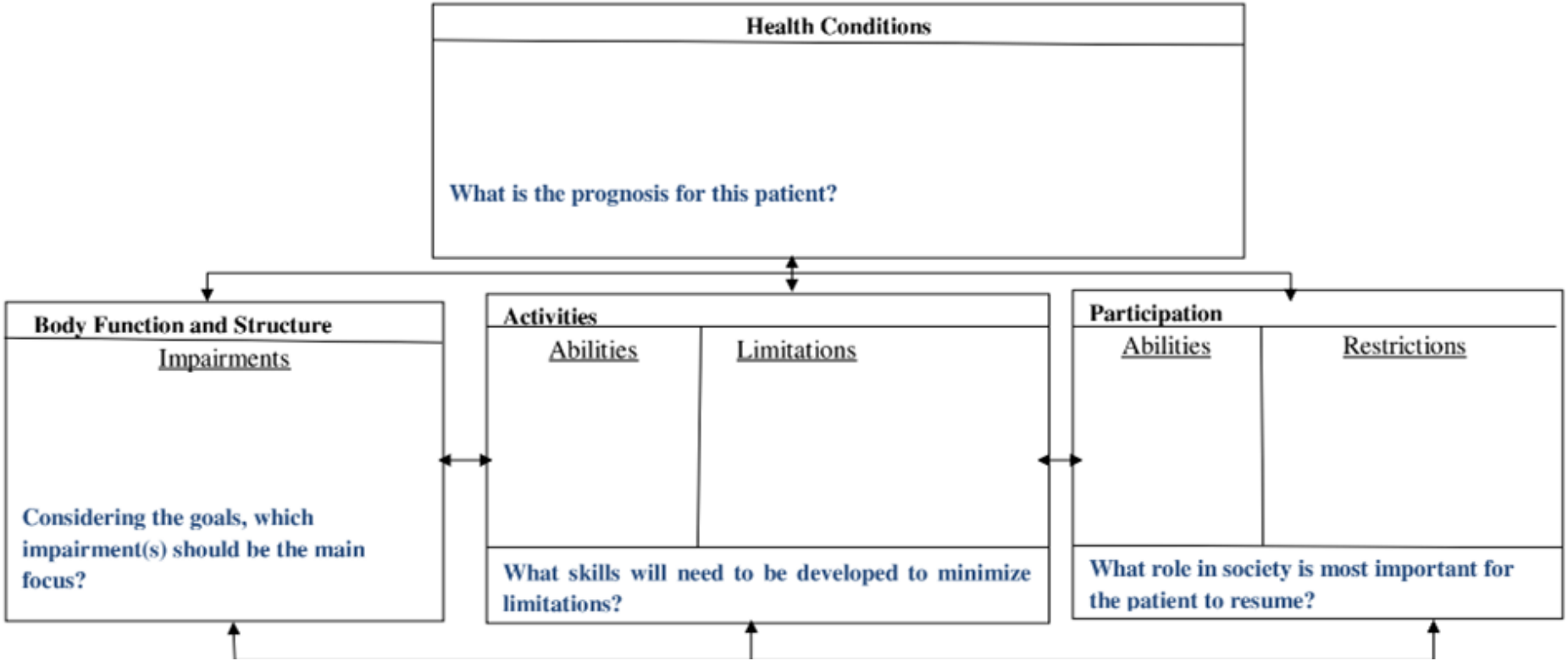
Neuro Case: Michelle the Mentor & Danielle the Director

- ❏ Gives both verbal and written feedback about patient-centered care
- ❏ Rachael demonstrates minimal change in behavior.
- ❏ Michelle reflects and considers if she may be contributing to resident response.
- ❏ Michelle and Danielle discuss situation and Danielle mentors Michelle and facilitates deeper reflection.
- ❏ Michelle realizes that she and Rachael are focusing on different aspects of patient-centered care.

Patient ID#: _____ Date: _____

ICF MODEL APPLIED

Possible questions from mentors are in blue



Environmental Factors	Personal Factors
	Is consultation with another professional indicated?

Additional questions that the Mentor can ask:

What do you think is going on with the patient?

What tests do you think are indicated?

Who has the problem? What is the problem?

Goals:

Discharge Location:

Treatment Plan:

Kaiser Permanente Rehabilitation Services
Postprofessional Residency in Neurological Physical Therapy

Weekly Mentoring Feedback Form

Resident's Name: _____ _____

Week beginning: _____

Date(s) of mentoring: _____

Total number of hours spent mentoring with this resident during this week: _____

Mentor's Name(s): _____

Mentoring occurred in the following setting(s) (circle):

Rehab Hospital SNF/ECF Outpatient LTC Other (list):

Facility: _____

Type(s) of patient(s) seen (diagnostically):

_____

_____

Specific areas in which the resident performs well:

Specific areas in which the resident needs to improve:

TO BE COMPLETED BY RESIDENT:
Resident's comments/action plan (sure other side if needed):

Neuro Case: Michelle the Mentor

- ❏ Mentor reflection and mindfulness practice
  - ❏ Feedback not specific enough
  - ❏ Mentor assumptions about resident uncovered
  - ❏ Need to practice more active listening of resident
- ❏ Mentor changes toward Resident

Neuro Case: Rachael’s Outcome

- ❏ Rachael displayed more relaxed posture, eye contact with Michelle, and able to integrate feedback.
- ❏ Rachael demonstrated increased active listening with patients.
- ❏ She incorporated 4 principles of patient-centered care consistently.

Neuro Case: Link to 7 habits

1. Shared **core values,** committed to success of each resident and willing to spend time needed. Mentor felt supported and willing to take risks. Using Forms
2. **Thought we had a common language, mentor learned patient-centered care has different principles and needs to be explicit in feedback.**
3. Mentor knew **curriculum,** where the resident was as far as overall progress, and reviewed previous feedback forms

Neuro Case: Link to 7 habits

4. **Team effort** with input from other mentors and director

5. **Mentor adapted to situation and open to examine herself**

6. Mentor because of own assumptions and stress did not hear and see cues resident was giving regarding her readiness to change and developmental stage

7. Mentor & mentee committed to long term process with support from team

Five Micro Mentoring Skills

- Getting a Commitment
  - What is the main problem ?
- Probing for Evidence
  - How do you know ?
- Teaching General Rules
  - When you see this constellation of symptoms it often is an indication of …..
- Reinforcing the Positives
  - it was a good choice to do the Berg with patient X given….
- Correcting Mistakes
  - Without checking for …. You can’t be sure about

Kaiser Permanente Northern California Physical Therapy Neurologic Residency – Patient Case Review

Written____ Video_____Live_____

Resident Name: _____

Examiner: _____

Patient Initials: _____ Diagnosis:

Setting: ACUTE INPATIENT ACUTE REHABILITATION OUTPATIENT OTHER

APTA
American Physical Therapy Association
The Science of Healing. The Art of Caring.
CREDENTIALED RESIDENCY PROGRAM

KAISER PERMANENTE

	N/A	Exceed Standard	Meet Standard	Partially Meet Standard	Does Not Meet Standard	Critical Safety
PATIENT EXAMINATION						
Performs comprehensive written evaluation						
Integrates knowledge of disease with medical information sought						
Seeks information relevant to health restoration, promotion, and prevention						
Demonstrates patient centered approach						
Establishes and maintains a high-quality clinician-patient relationship (rapport, respect, and collaboration)						
Addresses concerns/basic emotional needs						
Access patient's explanation for and prior knowledge of etiology, prognosis, and interventions						

Grading Scale - Kaiser Permanente Neuro Residency

Does Not Meet Standards:
The resident will demonstrate **frequent difficulty** identifying the main problem, person with problem, and making an appropriate decision regarding plan and intervention. May understand EBP but **frequently** demonstrate difficulty in application in clinical setting

Partially Meets standards:
The resident **occasionally** has difficulty identifying the main problem or prioritizing problems in order to maximize time with patient. This will be more apparent when situation is complex. The resident utilizes EBP principles but **occasionally** may forget one of the components or remain focused on one or two components only. The resident requires frequent guidance and coaching to arrive at best plan for individual patient especially when situation is complex. The resident is able to demonstrate skill consistently with less complex patients

Grading Scale - Kaiser Permanente Neuro Residency

Meets standards:
The resident **consistently** identifies the problem, person with the problem and provides rationale for decision. The resident develops a plan and intervention based on Evidence Based Practice (EBP) utilizing evidence, patient values, and experience. May be slow and require guidance/and or consultation when encountering complex medical, social, or environmental situations.

Exceeds Standards:
Besides doing the above, the resident will recognize patterns very quickly so little guidance is needed and efficiency is maximized allowing resident to also be excellent at time management routinely. Resident may go **beyond expected role to assist patient** in a situation that is complex. For example: Taking it upon themselves to pull team together when new/different problem/situation is identified and new direction may be indicated. The resident may demonstrate an ability to apply to many different patients with and without complex situations.

Ortho Residency Case Example

“Rachel the Resident” needs Remediation

- ❏ Rachel did not meet performance review criteria (review 1 of 3)
- ❏ She scored a 50% instead of the 60% expected at this stage in the program
- ❏ “Matt the Mentor” identifies Rachel’s key deficit to be an inability to form a holistic “**PT Diagnosis**”

PT Diagnosis (Anterior knee pain secondary to?)

- Supportive elements identified as unsatisfactory:
  - Impairment focused (vs. functionally focused) using premature closure
  - Inadequately treats regional interdependence considerations
  - Focused on protocol based intervention for HEP and with assistant
  - Consistently books all patients 2x per week for 6 weeks as a default

Matt and “Dan the Director” meet

- Dan inquires/discusses the following:
  - WHY the problem exists vs. WHAT the problem is?
  - Matt’s integration of the curriculum into his mentoring?
  - Clinical documentation appears appropriate when Dan reviews
  - Clinical reasoning forms and mentoring form headers are not filled out per program guidelines
  - Prior mentors assessment (new hire mentoring)
  - Reinforce Matt’s positive behavior of following up with director

Alias, Last Initial,Date,Time (keep 1 blank)

Demographics:
PT Diagnosis:
Tx Planning:
Exam Planning:
Learn?:

EXAMINATION(Subjective and Objective)		**RATE**
	Professionalism	
	Communication/Alliance	
	Safety (medical/precautions)	
	Symptom/Time Behavior	
	Nature (forces)	
	Functional Limits/Pt. Goals	
	Neurological integrity/mobility	
	Posture/Structural Screening	
	Movement Screening/Gait	
	Motor Performance QQS	
	Joint ROM QQS	
	Soft tissue/Muscle length QQS	
	Special Tests	
	Integumentary/Circulatory	
	Cardiopulmonary/Fitness	
EVALUATION/DIAGNOSIS		
	PT Diagnosis	
	Patho-Anatomic Hypothesis	
	SINS of the condition	
	Tissue Healing	
	Contraindications/Precautions	
	Personal & Environ. Factors	

PLAN OF CARE & PROGNOSIS		
	Plan of Care	
	Anticipated Problems	
	Short/Long Term Goals	
	Outcome Measures	
	Discharge Criteria	
INTERVENTION		
excellent strategy to restore ankle DF in this patient, but be sure to respect the talocrural joint planes and en(feel with your supine and standing ankle mobilizations.	Strategy	2
	Tactics	
	Patient Education	
	Functional Retraining/NRE	
	Therapeutic Exercise	
	Manual Therapy	1
	External Support	
	Physical Agents	
OTHER		
	Time Management	
	Case/Financial Management	
	Documentation/Intake Forms	
	Gym Communication	

Grading Scale Jackson Clinics Ortho Residency

RATE	***VECTOR***	***KNOWLEDGE***	***SKILLS***	***ATTITUDE***	***RIME***	***MENTORING NEEDS***	***MASTERY MODEL***
0	Exposure Lacking	Know	Discuss	*Perceive*	Reporter	Max Supervision	Novice
1	Exposure	Understand	Attempt	*Value*	Interpreter	Some Supervision	Advanced Beginner
2	Acquisition	Can Debate	Adjust	*Judge*	Manager	Guidance	Proficient
3	Integration	Innovate	Design	*Internalize*	Educator	Facilitation	Expert/Mastery

Dan and Rachel Meet:

- ❏ Rachel loves manual therapy and Matt is her favorite mentor
- ❏ Office staff does not consult resident on patient scheduling
- ❏ Clinic Director scheduling pressure
- ❏ Rachel has a new assistant & functions best with protocols
- ❏ Rachel has put in for a transfer to another facility
- ❏ Matt unclearly communicated goals, notably in written format
- ❏ Rachel assumed Matt wasn’t reading forms

CLINICAL REASONING FORM

Your Name:	Patient Last Name:		Age:	Visit#:	Date of Eval:
MD Rx:					
PT Dx:					
Chief Complaint:					
PIP 1:					
PIP 2:					
PIP 3:					
C/C's:					
MOI:	Microtraumatic				
Nature:	Compression				
Patho-Anatomic Hypothesis:	Contractile	Extra-articular			
Severity:	Moderate				
Irritability:	Moderate				
Healing Phase:	Reparative				
Phase of Tx:	III				
Stage:	Acute on Chronic				
Slope:	Oscillating				
+ Factors:					
- Factors:					
NPIP 1:					
Strategy/Tactics					
Post Test:					

NPIP 2:
Strategy/Tactics
Post-test:
NPIP 3:
Strategy/Tactics
Post-test:
NPIP 4:
Strategy/Tactics
Post-test:
Discharge Criteria:
STP:
LTP:
Outcome:
Re-admission:
Research:
Pt Values:
Experience:
Challenges:
Reflection:
Collaboration:

Ortho Case Conclusions: Link to the **7 habits**

1. Matt’s focus on manual therapy: **Core Values**
2. Matt’s lack of compliance with program’s forms/systems: **common language** and **thinking framework**
3. Matts energy may have been more productive if he had a better grasp of Rachel’s **curriculum** and made less assumptions
4. Matt’s initiative to communicate with director reflects a **team oriented mentor**

Ortho Case Conclusions: Link to the 7 habits

5. Matt did not understand the “hidden curriculum” and **adapt** accordingly
6. Matt did identify Rachel’s **stage of development (ZPD)** but later than ideal
7. Matt displayed a **Grit mindset** by following up on Rachel’s progress and setting a BHAG (big, hairy, audacious, goal)

QUESTION and ANSWER

Wrap Up

- ❏ 7 Habits gives a holistic view of a comprehensive mentoring program.
- ❏ Use the 7 Habits to design and evaluate your overall mentor training process.
- ❏ Program Director and Mentor relationship is key.
- ❏ Determine key elements of clinical reasoning and feedback forms that must be completed and monitored.

Access to Webinar materials

- Webinar recording, PPT, reference list and forms will be loaded onto OrthoRFSIG website
- https://www.orthopt.org/content/special-interest-groups/residency-fellowship
- **Non-members of the Orthopaedic Section can access these forms for one month!**
- Recording, PPT, ref list, and forms will also be loaded onto the APTA Hub for the Residency and Fellowship Education SIG for members only.

WEBINAR FEEDBACK

In the next 15 minutes please go to this BRIEF survey link to give us feedback!

https://www.surveymonkey.com/r/SIGMentoringWebinar

THANK YOU!

Our speakers

Kris Porter, PT, DPT, FAAOMPT, The Jackson Clinics

Arlene McCarthy, PT, MS, DPT, NCS, Kaiser Permanente Neuro Residency

and the collaboration of the OrthoRFSIG and RFEducationSIG

Keep informed!

Join our SIGs! More webinars and resources for faculty, students and program directors are coming!

Ortho Residency/Fellowship SIG: Go to the Orthopaedic Section Website https://www.orthopt.org/content/special-interest-groups

Residency Fellowship Education SIG: Go to Academy of PT Education website:

http://aptaeducation.org/members/special-interest-group/

Thank you for Participating!