

Therapeutic Associates, Inc. (TAI) Orthopedic Residency  
**Mentoring Expectations**

## MENTOR THIS....

*The spirit of this document is to help standardize the initial mentoring process that is part of the Mentorship Standard. It is intended that this information will be covered as a team approach by the Clinic and Education department. It's not expected that all points will be addressed with each session, but we do hope that all skills are developed in the initial two years of employment.*

*Person being Mentored:*

*Mentor:*

*Date:*

### Physical Therapist: Entry Level

#### Clinical Content

- Demonstrates skill sets at NAIOMT 500 level (year 1)
- Demonstrates skill sets at NAIOMT 600 level (year 2)
- Demonstrate special interest skill development/interests

#### Basic Clinical Reasoning

- Three hypotheses
- Treatment Pathways to help guide treatment choices
- Adaptable: Able to adjust or change course of treatment based on current presentation
- Use of evidence
- Other strategy for reasoning

#### Use of Care Extenders

- Care Team concept introduction – sets the tone of collaboration with patient
- Use before licensed professional: (call inactive list?) bring to room, physiological monitoring, start warm-up
- Use for documentation assistance: open chart, physiological monitoring, copy forward previous note, new history part of follow up note, exercises performance/changes
- Use during treatment: exercise instruction, supervision
- Use after licensed professional intervention: HEP delivery, modality set-up, product sales,
- Training from the PT (initial, and ongoing)
- Communication with aide pre and post intervention (to keep as part of clinical reasoning)

#### HEP Hygiene

- Use of MedBridge – open throughout treatment, use at the start if possible
- Updated appropriately – interactive with treatment
- Send options presented to each patient (don't just assume that old people don't like the internet, and young folks want an electronic format)
- Size of program

- Connection to Clinical Reasoning
- Use of Shared Decision making to create and update the program

## Outcomes Check

### Use of Registration Summary

- On progress and discharge, looks at change in function and pain

### Patient Specific Functional Scale (PSFS)

- Checks this CareConnections information prior to seeing the patient (own the workflow, that it gets into Athena)
- Includes SDM conversation with patient about the PSFS – start with this conversation for each visit
- Documents PSFS appropriately in the medical record
- Pushes PSFS forward in follow up notes (goal section)
- Knows their outcomes (PSFS) metric information from the MAT dashboard (consult director for this information)
- Optional: add to MedBridge HEP

## Documentation & Billing

- Try to document only what is needed and what is helpful
- Personal best practice on what is important to track from the initial evaluation (and pushed forward into follow up notes). Specifically, we're interested in subjective, objective and PSFS information.
- Push forward follow-up notes
- Encourage no use of "refer to flow sheet". Use MedBridge HEP documentation data, or Athena flow sheet
- Document appropriate clinical intent with Therapeutic Activities, NMR, Biofeedback, etc.
- Use of Assessment (dot) phrases
- Appropriate billing code ratio:
  - OMT (15-30%)
  - Modalities (< 10%) *Note: this information is available in the QIC dashboard*
- MedBridge HEP data into "patient instructions" Athena
- Tracking at least one objective measure from treatment to treatment

## Professional Behaviors

- Create a connection with the patient
- Eye contact
- Professional presentation
- Appropriate use of equipment and room
- Use of technology (over or under)