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Therapeutic Associates Physical Therapy Orthopedic Residency Program (5-10 residents)

1. **Describe the overall administrative structure of your program**
    a. The program is a for profit, primarily outpatient-based clinic. The company does own one large hospital in Burbank, CA.
    b. Within the company is an education section that David Deppler coordinates. This section is responsible for all the education for the company. The residency-fellowship programs and mentoring run out of this office.
    c. Mentorship structure:
        i. Program director runs the program
        ii. Each region has region "super" mentor responsible for their regional participants and mentors
        iii. Each clinic has its own mentor.
        iv. The program participant has mentoring with both the clinic and regional mentor

2. **How is this resource/document delivered in your company?**
    a. The documents included in the packet are the mentor training packet, the residents reasoning form and the mentor this form.
    b. The documents are shared and stored on a SharePoint drive and available to all participants.
    c. All mentors and residents will have some form of training in the use of the documents. Residents have an online video and mentors a course.
3. What challenges/barriers did you face in developing this resource?
    a. The forms were developed by an employee and have been continually updated each year based on feedback and implementation success.
    b. Goal is for the reasoning forms is to stimulate the treatment pathway for the resident. Want it to be productive not unproductive.
    c. The forms are developed to be intuitive and not required for every mentoring session. The regional mentorship sessions do require them to be filled out.

4. **What do you feel makes this resource innovative or exceptional?**
    a. The director was very open to any feedback on his resources and stated that they are continually being modified and adapted for the program.

5. **How did you assess the effectiveness of this educational resource/activity with your learnings?**
    a. The main source of feedback is from the residents and the clinic managers. The company has shareholders that own most of the clinics and when something does not go well, they will notify the director immediately. Additionally, the

program participants have financial incentive in the mentoring, so they hold mentorship to a higher standard then if there was no incentive.
    i. Mentoring Incentives:
        1. All mentorship is paid through the individual resident CEU budget.
        2. Mentoring is paid based on levels (4) and the cost of the mentor being there is moved off their clinic to the education section of the company.
   b. Additional measures include peer to peer mentoring yearly and program director review of the mentoring sheets.

i. **Leadership development:** Now required for all new PT's, including residents, a year long course with a curriculum and projects with the focus of developing leadership.

Brief overview of the key elements of your mentor development and training program.
TAI residency mentors go through the following as a minimum standard

- *Live, instructor led **Mentor Training** experience 6 hours (Mentor_Training_Course_TherapeuticAssociatesInc) described the training syllabus.*
- *Mentor the mentor mentoring 2-4 hours (in clinic, with resident, mentor and the mentor's mentor)*
- *Additional ongoing training and communication through the shared drive (fluid) document "**Mentoring_Expectations_TherapeuticAssociatesInc"***
- *Yearly mentor evaluations*
- *We use a short clinical reasoning case form for follow up visits (**Clinical_Reasoning_Short_Form_TherapeuticAssociatesInc**)*
- *We use a longer clinical reasoning case form for initial visits*
- *After a 4-hour block of time, the mentor completes a "mentor report." This mentor report is an electronic document with drop down lists, and auto populating fields that serve to remind the mentor on the stages of skill acquisition (also taught in the mentor training).*

What videos and/or other learning activities/tools

- We use **Outlook calendar** invitation to schedule mentor sessions, and communicate need forms
- We use **MedBridge Knowledge Tracks** to convey (and create) parts of the curriculum
- Residents work electronically (through email and **One Drive**) to collaborate on answers to questions from our web site (Ask the Expert Questions), with the supervision of a mentor.
- We use **Live, interactive forms (MS SharePoint Forms and Flow)** to communicate standards and performance
    o Mentor This (file name identified as Mentoring_Expectations_TherapeuticAssociatesInc
    o Mentor Report (for the resident, and clinic director)
    o Mentor Log (for administrative tracking

- General program tracking log (for resident and for administrative tracking)
- We use **Skype for Business** for
    - case mentoring
    - twice a month "office hours"

Several instances of active education. Large emphasis into setting standards for both mentors and outcomes for residents/fellows.

For the residents, reflection in used after mentoring to grow. There is also reflection for mentors on their mentoring.

Overall this group has a great foundation and back its with established theory. The documents focus more on the mentor and how they are trainined and evaluate residents. Aim of the focus group would be to look more into how the resident is guided in each session or throughout the program. The program sets clear expectations but the path to get there is unclear.

Summary of findings:

a.   Overall this program has a lot of strengths.The biggest strength of this program is how the use and develop their resources. By continually assessing and adapting the resources to their programs needs, they have developed a great resource that meets the needs of their company. While the resource is good, what they have learned from the process of adapting and growing the program is another resource the group can use moving forward.

b.   The training course is very good and the themes in the course can be used either, as is, or in the development of additional resources.

c.   The clinical reasoning forms could be easily used as a model for development of individual forms for programs as they develop.

d.   The director can be a resource for development of materials. He is very open and has a depth of experience and has shown a true commitment to continual assessment and development. His experience and knowledge would be a great resource to the group if you ever needed a task force to consolidate or develop materials from many sites/programs.