

Mentoring Feedback Form - The Jackson Clinics

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		
	Strategy	
	Tactics	
	Patient Education	
	Functional Retraining/NRE	
	Therapeutic Exercise	
	Manual Therapy	
	External Support	
	Physical Agents	
OTHER		
	Time Management	
	Case/Financial Management	
	Documentation/Intake Forms	
	Gym Communication	

Summative Feedback (keep 1 blank)

1. Patient Communication & Subjective Examination
2. Objective Examination
3. Evaluation/Diagnosis
4. Discharge Planning (Prognosis/Outcomes/Re-admission)
5. Intervention (NRE, TE, MT, SC, TA, GT, Modalities, etc)
6. Communication/Collaboration (gym staff, front desk, PT colleagues, referral sources)
7. Overall case management/Workflow
8. Documentation & Billing
9. Professionalism/Ethics
10. Mentoring Feedback Form (e.g. header depth/breadth)
11. Clinical Reasoning Form (e.g. sufficient depth/breadth, prioritized well, sufficient defense of categories)
12. Key Goals for Month (see GNOME below for formatting ideas)

Grading Scale(s)

RATE	VECTOR	MASTERY MODEL	COGNITIONS	SKILLS	BELIEFS	RIME	MENTORING NEEDS
0	No Exposure	Novice	Know	Discuss	<i>Perceive</i>	Reporter	Max Supervision
1	Exposure	Advanced Beginner	Understand	Attempt	<i>Value</i>	Interpreter	Some Supervision
2	Acquisition	Proficient	Can Debate	Adjust	<i>Judge</i>	Manager	Guidance
3	Integration	Expert/Mastery	Innovate	Design	<i>Internalize</i>	Educator	Facilitation

Video Tutorial Link

This video shows you how to use the Mentoring Feedback form within Google Drive. This should be watched by residents and mentors.

<https://www.youtube.com/watch?v=x3JcRRnAuko>

Form Instructions

Introduction

This *Mentoring Feedback Form* is designed for collaborative editing by the mentee and mentor. The mentee fills out the header first and then notifies the mentor that it is done via text message typically. Please remember that the audience for this form is not just the mentee and resident. It is also for future mentors to prep as well as program management as a checks and balance to ensure appropriate timing, depth and breadth of mentoring experiences between mentee and mentor. So when filling this out, please think about all the stakeholders involved that use this document. Basically, don't rely too heavily on only verbal feedback, be sure to get the broad strokes on paper! **Note: The boxes expand so use as much space as necessary, but strive to be succinct.** At the top of each page, please put the patient's partial name so as to be HIPAA compliant but still allow for easy workflow. Additionally, put the patients scheduled appointment time to facilitate easier review of documentation and planning for the mentoring session.

Header (Mentee fills out)

Demographics: Rough age, gender, ethnicity and/or other unique patient physical characteristics or social/contextual factors. Please list the key MD diagnoses. Roughly how many visits?

PT Diagnosis: Give a patho-anatomic diagnosis, classify the disorder, and be specific on **WHY** they are a patient. Example: *Cervical pain with radiating RUE symptoms, with signs of compression of C5 nerve root, secondary to excessive thoracic kyphosis and associated forward head posture and poor body mechanics at work and in the gym (olympic lifting).* If you do this well, this could nearly be a copy and paste from your eval. But by putting it here, it gives you an opportunity to clean up any confusion you had in your eval with your PT diagnosis and help to trigger your memory and the mentors memory.

Tx Planning: Treatment planning is a critical "reflection-for-action" opportunity for the mentee to make a commitment to what key and specific INTERVENTION strategies will be used on this day and why. Do not list examination plans here. The collaboration between the patient and mentor/mentee prior to or during this case may alter the treatment plan, but we want the mentee to reflect on treatment planning given existing information.

Exam Planning: What key items should be re-tested to determine progress towards discharge criteria? If the hypothesis is still unclear, what further examination is needed? If the patient is progressing as anticipated, what additional examination is needed to progress their care to the next phase and ultimately towards discharge (e.g. performance measures).

Learn?: This is a critical component of this form and must be filled out even for new evals. As an **adult learner**, the mentee should be able to at least partially diagnose their own learning goals & needs for this case and related cases.

Formative Feedback (Mentor fills out)

The *Mentoring Feedback Form* should be used for every patient encounter. It is typical for only 1-3 practice dimensions to be graded for each 30' patient treatment, and at least 1-2 grades for each major category (practice dimension) for a new evaluation. Each patient encounter is considered a "formative" experience where feedback is given specifically and promptly on that unique patient encounter. Focus on grading only in domains that have clearly been observed and are relevant to the mentees development. The free edit boxes are there so the mentor can briefly give context and rationale for the rating (if used), and suggestions for improvement and/or positive feedback. Your verbal discussion is important to give further context and rationale for your formative feedback. However, most of the time feedback is given without a rating. The outline for the formative feedback is based on the *Practice Dimensions Expected of Orthopedic Clinical Specialists*. The rating scales are based on the APTA Basic and Advanced CI course as well as other grading systems. There are so many components to grading a learner, that several methods are allowed to be used which helps the mentor grade you, but may leave the grade open for interpretation which is why many items cannot be graded. It is often helpful to give feedback/cues without a grade as it is not always possible to fairly rate a practice dimension based on a brief observation.

Summative Feedback (Mentor Fills out)

This is not patient specific, but "summative" at the end of a pre-determined time period. Typically the **end of a 4 hour mentoring session**. At times it is acceptable to only give summative feedback after 2 sessions, but do not wait until the month is over to give summative feedback! The mentors should reflect on the entirety of the mentoring session and previous sessions. We are attempting to collaboratively establish goals for the resident to work towards expert practice. We want to build clinical pattern recognition and identify key learning themes to focus on, and not get bogged down in too much detail that is typical if we only look at patient by patient feedback (formative). The summative feedback should be clearly reviewed with the resident, and should be something that the learner and mentor builds on each session until the goal has been adequately met and "discharged."

Mentoring Resources

SNAPPS: For Metacognitive/Reflection Facilitation. The learner takes the lead, the mentor facilitates.

- Summarize case
- Narrow differential
- Analyze differential
- Probe for uncertainty
- Plan steps in care
- Select case related self-study options

One Minute Mentor (5 Micro-skills of Clinical Teaching)

- Get a commitment/hypothesis
 - Probe for supporting evidence
 - Teach general rules
 - Reinforce what was done right
 - Correct Mistakes
- } Diagnose Mentee
} Mentor Mentee

APPRENTICESHIP

- P** review the experience
- O** utline your thoughts
- S** hare findings as you go
- E** valuate after the experience

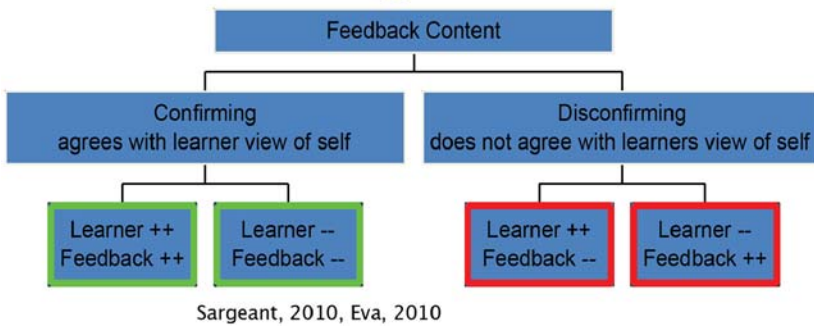
CONE OF LEARNING

WE TEND TO REMEMBER OUR LEVEL OF INVOLVEMENT

(developed and revised by Bruce Hyland from material by Edgar Dale)



Edgar Dale, Audio-Visual Methods in Teaching (3rd Edition), Holt, Rinehart, and Winston (1969).



Although balancing constructive and positive feedback is important, it should be a goal to identify if your feedback is confirming or disconfirming. For example, positive feedback may not be viewed as valuable by the mentee if it is disconfirming with the mentees view of themselves. Sometimes constructive feedback may resonate better if confirming. Also, if feedback is disconfirming, then a goal should be to re-evaluate your feedbacks validity. If you determine it to be valid despite it's disconfirming nature, then your mentoring strategy should be to address the mentees attitudes.

GNOME: Goals, Needs, Objectives, Methods, Evaluation

Please outline at least 1 big picture learning goal, or GNOME, for the resident every 2 weeks at least! Ideally base this on a deficit that you have both MUTUALLY identified. Example: **Goal** is to accurately assess, treat, monitor intervention, and discharge intervention for mobility deficits of the shoulder girdle (GH, AC, SC, scapulo-thoracic). **Needs** expand anatomical/biomechanical/pathophysiologic knowledge and apply via psychomotor techniques on a variety of patients. **Objective** is to be able to detect with specificity what part of the shoulder girdle, capsule, muscle, myofascia, nerve, etc. needs treatment and to implement that treatment on patients with a variety of conditions (e.g. RTC repair, AC joint sprain, shoulder instability, and adhesive capsulitis). **Method** is to practice skills discussed in this mentoring session with all shoulder patients, review Shoulder course materials and other materials as necessary, discuss this issue with onsite and other traveling mentors, review anatomy of the shoulder girdle, discuss during MD shadowing. **Evaluation** demo biomechanical assessment of posture/AROM/PROM/Accessory mobility (and intervention if applicable) while verbalizing clinical reasoning simultaneously. A grade of 2/3 is expected by mid-year, and a grade of 3/3 is expected by time of residency graduation, notably after mentoring with physician and UE fellows.

Clinical Reasoning Questioning

These questions are heavily integrated into our clinical reasoning form but can and should be used with or without a clinical reasoning form being filled out. If a mentor sees a “learning window” in a patient/mentee interaction and/or within a clinical reasoning form, these are helpful/necessary follow up questions to facilitate conversation & reflection in-on-for action to promote growth towards expert practice. However, be sure to respect the mentees psychological safety and their cognitive capacity/readiness to process the questions you ask and the discussion that typically follows. Ensure a strong entrustment of both patient and mentee prior to engaging in questioning while reflecting-in-action (bedside mentoring).

Intake/Subjective Examination

- Self Diagnosis for the Adult Learner
 - How do you feel the subjective examination went?
- Forms/Paperwork
 - How did intake forms help you? (often done before the patient comes back). FOTO, Registration, Insurance Verification, Prescription, Protocol/Guidelines, Imaging results, etc.
- PIPs (Patient Identified Problems)
 - Do we have a clear understanding of their PLOF and CLOF?
 - Can you prioritize the patient’s PIPs? Do you feel the patient appropriately prioritized their own PIPs?
 - Was there collaborative decision making and goal setting to address their PIPs?
 - What is your assessment of the patient’s/caregiver’s knowledge and understanding of their own problem, diagnosis and need for PT?
- Therapeutic Alliance
 - How was the rapport/therapeutic alliance?
 - How well did you think you re-stated/clarified important things the patient told you?
 - Did you understand the patient’s story/narrative and why they hired you?
 - How do you think the patient responded to your verbal & non-verbal communication?
 - How might your personal biases/assumptions have affected your interview?
- Flags
 - Based on the information gathered, are you able to assess a need for a referral to another health care professional?
 - What precautions must we consider in the objective examination and POC?

Initial Evaluation (hypothesis)

- Based on the intake/subjective examination, what is your initial hypothesis?
- How did you arrive at the hypothesis?
- How will your current hypothesis change your objective examination strategy from a typical exam?

Objective Examination

- Self Diagnosis for the Adult Learner
 - How do you feel the objective examination went?
- Examination Strategy
 - How and why did you select those tests and measures? What would you skip or add next time?
 - How did you organize/sequence the examination?
- Describe considerations for the psychometric properties of tests and measures used (including pre-test probability).
 - How does your selection of tests and measures relate to the patient’s goals/function?
 - What other systems (determinants of optimal movement) may we need to test next time?
- Pattern Recognition
 - Do these findings remind you of any patterns with past patients? (pattern recognition)

Evaluation

- Hypothesis (anatomic diagnosis and PT diagnosis)
 - Do you have an anatomic hypothesis yet? If yes, then explain. If no, how do you plan to develop one?
 - Do you have a PT diagnosis yet? If yes, then explain. If no, how do you plan to develop one?
 - SNAPPS (Summarize, Narrow, Analyze, Prioritize, Plan Care, Self Study)
 - How did you arrive at the hypothesis?
- NPIP (non-patient identified problems)
 - Can we prioritize the key NPIPs?
 - How will solving the key NPIP (s) affect the other NPIPs?

- o What are our strategies/tactics for addressing them?
- o What is our test/re-test for our key NPIPs?
- o How do the key NPIPs relate to the patient's PIPs and STG/LTG?

Plan of Care & Prognosis

- Plan of Care
 - o Financial: How will financial considerations affect your care? (did you look at Ins. Verification forms?)
 - o Buy in: How well did the patient understand and "buy in" to your plan of care (frequency, intensity, anticipated length of service)? Why did they hire you?
 - o Describe how you are using EBP and/or clinical judgement in your POC?
- Discharge Criteria
 - o What is the prognosis/outcome (STG/LTG) for this patient?
 - o What is your discharge criteria? How will you prove they have met this? How is that different than their long term goals?
- Outcome Measures/Performance Measures
 - o How was FOTO helpful? Registration forms? Where was it not helpful? Will they meet risk-adjusted goals on FOTO?
 - o Do you need to supplement FOTO with GROG, VAS, PSFS, or other self-reported tools?
 - o Do you need to supplement self-reported tools with performance measures? Which ones and why?
- Anticipated problems (re-admission)
 - o How might the personal/environmental factors (social/contextual factors) affect your plan of care?
 - o What do you think will cause this patient to be readmitted and why?
 - o What are the anticipated life-span needs for this individual? (Long Term Goals)

Interventions

- Slope (better, worse, same, oscillating)
 - o Do you think the patient is getting better/worse because of your intervention or natural history?
 - o Do you think the progress will be maintained, why or why not?
 - o Describe your plan for progression if they get better? Regression if they get worse?
- Test/Re-Test (re-evaluation)
 - o Do you feel your test/re-test is giving you the data you need to progress the patient?
 - o Has your hypothesis changed based on their response/lack of response to your intervention?
- Communication
 - o How can you ensure understanding of your intervention (teach back?) Compliance with HEP?
 - o Do they know why they hired you? (instead of self tx, chiropractor, physician, trainer?)
 - o What communication strategies (verbal and nonverbal) have been the most successful with this patient? Other similar patients?
 - o Describe learning styles/preferences and/or cultural considerations with this patient/caregiver?
 - o How has your interactions/alliance changed with the patient/caregiver changed over the last 30 days of intervention (since last eval)?
 - o How have you determine the patient's views (satisfaction/frustration) about his or her progress toward goals?
- Case/Financial Management/Documentation
 - o Does the patient understand the ongoing/anticipated costs with your intervention?
 - o Do they understand the consequences of not attending? Non-compliance?
 - o Do they see value in their relationship and skills of their gym staff?
 - o What happens if you are out sick or transfer clinics? Will your documentation adequately guide your teammate?