**Title and Focus of Activity:** Mentoring Activity

*Patient/client management*

**Contributor(s):** Clare C. Bassile PT, EdD, ccb2120@cumc.columbia.edu

Columbia University-Program in Physical Therapy

**Course Information**: 3 Units;

*for Mentees*: Physical Therapy Management of the Adult with Neurological Conditions I; Fall 2nd year of a 3 year DPT program; First Clinical Management course for Neurological Patients. Students have had all Basic Science Classes.

*For Mentors*: Advance Seminar Track in Neuro (about ¼ of the students take this vs. Ortho vs. Peds advance track class); Fall 3rd year of the DPT program. Last class before the 3rd affiliation (18 wk fellowship).

Purpose*: Mentees*: DPTII students practice their examination and intervention techniques while receiving constructive feedback from slightly more advanced peers. They practice these techniques on their mentors and on the other members of their group. Each mentee also self-assesses his/her own performance and identifies areas for improvement.

*Mentors:* The DPTIII students review pertinent material (have access to current as well as past course material) for their own learning but also to enhance their teaching and student assessment skills. They additionally execute teaching techniques and identify areas for student improvement. Teaching and learning topics are introduced in our professional development and clinical seminar courses.

The DPT II students are put into small groups. Each group is assigned a DPT III mentor.

Each week the DPT II mentee groups are required to meet with their DPT III mentors to practice the skills introduced in the laboratory section. This takes approximately 1 hr of outside classroom time/week. Each mentee group must coordinate a mutually agreed upon weekly meeting time with their mentors.

The DPT III mentors must review the material that is covered in lab each week so that they are ready for their mentees. After each weekly meeting with their mentees, the mentor submits the weekly constructive feedback sheet to the course instructor and reviews the progress of their students along with a discussion on techniques to enhance learning.

Below is the practicum score sheet that each student receives at the beginning of the course. It highlights for the student the areas for grading during the practicum so that they can practice appropriately in and outside of lab and with their mentors and classmates.

Instructions to students

When preparing for the practicum, please remember that you will be graded in the following categories. Below you will see some of the items that are looked at within each category.

# You will receive an overall grade for Correct Patient Technique and Quality of Instruction to Patient

**Correct Patient Technique**

Ideally you should not require prompting to elicit or correct your patient intervention.

* Accurately assess appropriate vital signs (HR, BP, RR, etc…) before, during and after activity/exercise
* Proper set-up of environment prior to initiation of activity
* If you use an aide to get items after initiation of the treatment a point will be deducted
* Proper positioning of patient throughout the activity or exercise
* If positioning is not ideal then points will be deducted for the number of prompts required for you to correct the positioning (1 prompt vs. 2 prompts vs. >2 prompts)
* Proper sequence of patient movements for the activity or exercise
* If sequencing is not correct then points will be deducted for the number of prompts required for you to correct the positioning (1 prompt vs. 2 prompts vs. >2 prompts)
* Proper positioning of assistive devices, orthotics (e.g. ace wraps) throughout the activity or exercise
* If assistive device is not correctly measured or oriented (handle wrong way) points will be deducted
* If orthotic (e.g. ace wrap) is not donned appropriately, requires prompts to correct donning, or posture of the patient is not proper when donning (e.g. seated vs. standing), then points will be deducted
* If modification of activity/exercise is necessary, will be able to self-recognize and adjust intervention without input from tester
* Recognition that the activity you demonstrate is addressing the impairments/limitations you identify when questioned by the tester. If not, then you must adjust your activity/exercise to get it. If you require prompts to see that it is not addressing them or to make the modification, then points will be deducted as stated above.
* Demonstrates how the activity/exercise chosen works on a functional activity by making sure to incorporate the functional activity into the intervention (e.g. weight shifting activities in standing lead to beginning ambulation)
* If prompted to incorporate the functional activity then points will be deducted as stated above.
* Demonstrate a correct progression or regression of the exercise/activity when asked to do either by the tester.

**Quality of Instructions to Patient (verbal/nonverbal)**

* Introduced self to patient and receive permission to treat patient
* Oriented patient to the activity
* What the patient will be doing (e.g. demo)
* Explanation as to how this activity/exercise benefits the patient’s limitations/impairments
* Demonstrated compassion/empathy for patient
* Communication of instructions to patient clear & concise
* Do not be too verbose
* Takes into consideration the cognitive & language status of the patient (e.g. # commands, nonverbal/gestures/verbalization)
* Language used is understandable (non-medical terms, appropriate syntax & grammar)
* Demonstration of activity/exercise is performed at appropriate location and orientation for patient viewing
* Non-verbal instructions (manual prompts/gestures) to patient is clear & concise, nonthreatening, secure and trusting.

# You will receive an overall Grade for Quality of Guarding or Assistance Techniques and Safety

**Quality of Guarding or Assistance Techniques**

* Therapist provides appropriate amount of assistance (min/mod/max) requested for activity/exercise
* Therapist’s technique is biomechanically appropriate for him/herself
* Therapist’s technique is appropriate for patient’s safety (proximity of therapist’s body, hands are in appropriate location on patient’s body)
* Therapist correctly/appropriately identifies when physical assistance is required for an activity/exercise
* When physical assistance is required, verbal instructions to aide/assistant are clear & concise
* Uses aide appropriately in an exercise/activity (e.g. ball toss activity- who guards and who tosses?)

# Safety

* Given patient’s diagnosis and status, therapist is aware of critical issues/precautions for the intervention demonstrated which may jeopardize patient’s rehabilitation (i.e. positioning of patient’s fingers, identification of overwork syndrome, etc...). The therapist should’ve demonstrated this on patient case. In addition, the therapist may be asked to identify the critical issues for their patient case.
* Therapist’s choice of activity/exercise is appropriate for patient
* Therapist’s sequence of patient’s movements is not harmful to patient
* Therapist’s guarding and assistance and technique is appropriate for patient’s safety

**Specific Safety Question**

* Therapist will be asked to explain the rationale for why they chose the exercise/activities which **progressed/regressed** the patient to the next/earlier step in their rehabilitation

Time for student to complete the activity: 1 hour preparation for activity outside of class.

Readings/other preparatory materials:

Stroke and TBI EDGE Documents from the APTA Neurology Section as well as the other readings assigned to the Physical Therapy Management of Adult with Neurological Conditions I class.

Learning Objectives:

1. Mentees:
	1. Perform appropriate screening and examination instruments/tools to measure the client’s impairments, activity and participation limitations including but not limited to a standard neurological examination (e.g. arousal, mentation and cognition, cranial nerve integrity, reflex testing).
	2. Design a comprehensive physical therapy intervention that is evidence-based and appropriate for the patient’s setting
	3. Demonstrate accuracy in the implementation of tests and measures during an examination
2. Mentors:
	1. Analyze mentees’ performance of screening & examination tools/instruments for accuracy
	2. Respond to mentees’ queries and performance with constructive feedback to enhance mentee's self-assessment skills
	3. Adapt teaching strategies to meet each mentee's learning style to facilitate learning of didactic skills and critical thinking

Methods of evaluation of student learning:

The DPT III mentor submits a weekly constructive feedback sheet completed by both parties to the course instructor. The course instructor reviews the sheets and encourages further growth of individual students when participating in labs and also suggests ways to enhance the student’s learning with their mentor. A small percentage of the final grade is allotted for completion of all the skills listed on the Constructive Feedback Form -  if the mentor meets with the instructor weekly and actively participates in the discussion they receive full points (5% of final grade). This holds for both the DPT II and DPT III student.

**Columbia University**

**Program in Physical Therapy**

**Constructive Feedback Form**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Mentor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intervention/Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# This form should be completed each time the mentee meets with the mentor and submitted to the course instructor weekly for review. It is to be completed by both the mentee and the mentor.

# Both the student and the mentor should think about the following categories while the student is performing the activity on the Mentor.

# Correct Patient Technique

# Quality of Instructions to Patient (verbal/nonverbal)

# Quality of Guarding or Assistance Techniques

# Safety

Please refer to the Practicum Key Sheet for further clarification. (See below attached)

List of assessments/interventions student is to perform on mentor: Please complete one item number each week with your mentor in the following order.

1. Neurological Exam – perform all 7 stations practiced in lab.

a) Cranial nerves

b) Movement Disorder & Coordination Tests,

c) Tone Assessment (Tardieu Spasticity Scale, Modified Ashworth Scale)

d) Strength Testing (MMT),

e) Reflex & Sensation Testing (DTRs, Hoffmann & Babinski, ASIA chart sensation testing for light touch and sharp/dull, proprioception and neglect (body vs. spatial),

f) Mental Status (Level of consciousness, attention, orientation, language, memory, mood/affect, safety/judgment, MMSE, MiniCog)

g) FIM Scoring & guarding

2) Motor Assessment Scale, Trunk Impairment Scale

3) Step Test, PASS

4) Bed Mobility, transfer intervention for stroke or TBI (Diffuse damage, specific R/L sided involvement, Pusher Syndrome)

5) UE Recovery intervention while also addressing sitting postural control for stroke or TBI (Diffuse damage, specific R/L sided involvement, Pusher Syndrome)

6) Upright & Gait Recovery intervention for stroke or TBI (Diffuse damage, specific R/L sided involvement, Pusher Syndrome)

7) Comprehensive Plan of Care (use patient cases from lab, have your mentor give you a patient case from their clinical experience)

**The Mentor should answer the following 2 questions:**

# 1) What did the student do well?

2) What can the student improve upon and how would he/she improve it?

**The Student will answer the following statement.**

Please identify one thing you learned today that you will work on mastering.