

SAOU Clinical Education Package Outline - mentors

In this package the term student physiotherapist refers to a physiotherapist undertaking their post-graduate orthopaedic manual therapy education. It is recognized that they are highly qualified physiotherapists furthering their orthopaedic manual therapy training. Mentors or preceptors are used interchangeably to describe the person supervising the clinical hours.

Introduction/Background

In 2000 the IFOMT (International Federation of Orthopaedic Manipulative Therapists) set guidelines for post-graduate education in orthopaedic manual therapy. The clinical education requirements came into effect in Canada, January 2006. The Orthopaedic Division of the Canadian Physiotherapy Association has adapted these guidelines to the Canadian manual therapy system. In order to fulfill the clinical education requirement of the manual therapy system students must complete a number of clinical hours supervised by a mentor/preceptor. The details of these clinical education guidelines and potential scenarios for fulfilling mentorship hours are outlined in this package.

The Southern Alberta Orthopaedic Unit is developing a database of local physiotherapists willing to be mentors. It is hoped that the database will allow students to easily find a mentor and mentorship scenarios that are feasible for them. It is the student's responsibility to contact one of the physiotherapists on the database and arrange the mentorship hours they desire. A list of student and mentor responsibilities is included in this package. A current SAOU mentor database may have been included with this package. If it has not been provided or to obtain an up to date mentor database please contact Joanna Smith at Joannapatrinos@hotmail.com.

Clinical Education requirements

Ortho Division Guidelines

Total 150 hours

- Prior to Registering for Intermediate Exam – 90 hours
 - 55 hours clinical (must be supervised) - With min Part A therapist
 - 35 hours non-clinical (group study – not directly supervised)

It is recommended that the hours be spread out over the course of taking the level 1-3 courses.

- Prior to Advanced Exam – 60 hours
 - 30 hours clinical (must be supervised) - With Part B. Therapist
 - 30 hours non-clinical (group study – not directly supervised)

At first glance fulfilling the clinical education requirements may seem to be a daunting task. However closer inspection reveals that there should not be too much of a burden time wise or financially. Prior to the intermediate exam the clinically supervised hours could potentially be completed in 7 days. As most people take a minimum of 3-5 years to

go through the system to take their intermediate exam it would then take only 1-2 days per year to complete these hours. In regards to fulfilling the non-clinical non-supervised hours most people traditionally study for 6 months to prepare for their intermediate exam so it should not be difficult to amass 35 hours of group study. It should be remembered that the goal of the Canadian orthopaedic manual therapy system is to develop clinicians who are experts in Orthopaedic manual therapy. It is therefore reasonable that such a system would have a clinical education component.

Types of Mentorship scenarios qualifying for clinical hours

The following mentorship scenarios qualify for the supervised clinical hours. More detailed descriptions of how to implement these scenarios are in the next section.

- Direct patient care
 - Shadowing/co-treating (preceptor's clinic) – Similar to University student 1:1 student : instructor ratio
 - Supervision of treatment (student's clinic) –preceptor observes student treating 1:1-2:1 student: instructor ratio
 - Focused patient care – Outside of regular clinic hours. Focused assessment/treatment on certain conditions with actual patient. 1:1-4:1
- Mock Clinical/Clinical Reasoning
- Controlled Teaching

Description of Scenarios

Direct Patient Care

a. Shadowing/co-treating in Preceptor's Clinic – student travels

This format consists of shadowing/co-treating with emphasis on co-treating. This will allow the student to participate with a large number of patients and have the following experiences; Observing assessments, performing all or part of an assessment, appreciating end-feel, and barrier with confirmation from the preceptor, appreciating muscle guarding, tone and spasm with confirmation from the preceptor. Observing and performing various treatment techniques. The preceptor will generally maintain their usual caseload thus keeping costs down. The bulk of the assessment and treatment will still be performed by the preceptor so that there is no adverse impact on their caseload and that their patients do not feel uncomfortable. The ratio for this format is suggested to be 1:1 or max 2:1 student : preceptor.

- shadow/co-treat format
- Likely ratio of 1:1 or 2:1 – Similar to University student
- Supervisor maintains regular caseload and can keep costs down.
- Direct hands-on experience of end-feel, barrier, pathology.

- Advantage of maximum supervised hands-on experience
- Students can match caseload to interest/needs

b. Supervision in student's clinic – preceptor travels

In this scenario the preceptor travels to the student's clinic. The student will generally maintain their usual caseload. The preceptor will observe and assist assessment and treatment as well as confirm end-feel, cue clinical reasoning and provide feedback and teaching at the end of the session. It is recommended under this scenario that the student:instructor ratio be maximum 2:1. The instructor fees in this scenario may be higher but the student will keep their own billing thus helping to mitigate costs.

- Ratios 1:1, 2:1
- Students can keep their billings and recoup costs
- No impact on supervisor's caseload
- Student gets feedback on caseload with which they are familiar

c. Focused Patient Care

The goal of this scenario is to give students a chance to focus on a condition, dysfunction or treatment technique with which they have an interest. The student will find an instructor who offers the focused patient care scenario and set up an appropriate time. Either the student or the instructor will arrange the patients. This scenario takes place outside of regular clinic time and the instructor may travel or the student may travel. Typically the student(s) will see 1-2 pts per hour. It will be up to the student or the instructor as to whether the patient is paying for the treatment. This scenario is more time consuming and likely more costly but allows higher student : instructor ratios ie 4:1.

- Reduced Caseload ie 1-2 pts/hour
- Likely outside of regular clinic time
- Paying or volunteer patients arranged by student or preceptor
- Costs higher but likely ratios of 2:1-4:1
- Advantage of practicing certain skills and developing clinical reasoning

Mock Clinical Reasoning

Similar to focused patient care but using volunteers who are not actual patients. (Only recommended if structured pt. care not feasible)

Controlled Teaching

While completing the clinical hours the student may decide that they would like extra instruction in one or two areas. The most common scenarios of this would be to have 1-2 hours of review and debriefing on areas that came up during the direct pt care scenarios. For example after 10 hours of shadowing/co-treating the student and instructor may have an hour of review of certain assessment or treatment techniques or clinical reasoning skills.

- Advantage of reviewing certain regions, skills, techniques etc.
- Content directed by students
- Likely 4:1 ratios

Non-Clinical hours non-supervised

The non-clinical hours mentioned above are hours spent in small study groups or on peer presentations. A preceptor does not have to be present for this portion of the hours. They should be documented in a separate part of the mentorship log and signed by one of the other participants in the group.

SAOU Database

The goal of the SAOU database is to provide a detailed database of local preceptors and their mentorship format, scenarios, availability, caseload, and cost. The databased will be available through the level system courses and through the PODCR for the SAOU. It will be a living document and mentors will be able to add or remove their name from the database.

Clinical Education Database

1. Mentor’s Name: (RCAMT/FCAMT)
 Clinic Name:
 Clinic Address:
 Phone and Email:

<u>Type of Mentorship</u>	<u>Ratio</u>	<u>When</u>	<u>Caseload</u>	<u>Cost</u>
Shadowing/co-treating	1:1/2:1	Days/hrs	spinal/perip	/hr
Supervising student’s clinic	1:1/2:1	“	n/a	/hr
Focused Pt. Care	1:1-4:1	“	n/a	/hr
Mock Clinical	1:1-4:1	“	n/a	/hr
Controlled teaching	1:1-4:1	“	n/a	/hr

Details: space to provide brief description.

How to fill-out Database – The top part of the database is your contact information. The table is then to be filled out using the scenario descriptions above. Under the type of mentorship heading list the mentorship scenarios you are willing to provide. It is best to use the written descriptions, ie shadowing/co-treating or supervising in student’s clinic or focused pt. care etc. Following across the line where you have filled in your type of mentorship scenarios available please fill in your preferred mentorship ratio. When you are available for each of the scenarios you listed (it will generally vary from scenario to scenario. For the shadowing co-treating scenario please fill-in the general caseload of your clientele ie spinal, peripheral, sports,

general community, chronic pain, older etc. Finally fill in your cost/hour for each scenario. A discussion of fee structures is below. The last part of the database is for a brief description which you may wish to provide.

Examples of completed Database

Clinical Education Database				
1. Jane Doe, Bsc, PT, FCAMT Calgary physiotherapy clinic 1234 calgary st. NW phone and email				
<u>Type of Mentorship</u>	<u>Ratio</u>	<u>When</u>	<u>Caseload</u>	<u>Cost</u>
Shadowing/co-treating	1:1	MWF am	mainly spinal	\$10/hr
Supervising student's clinic	1:1/2:1	MWF aft	n/a	\$50/hr
Controlled teaching	1:1-4:1	“	n/a	\$40-60/hr
Details: Small community physiotherapy clinic with general caseload but mainly spinal. Cost for controlled teaching dependent on ratio. Some flexibility in hours.				

FEE Structures

Preceptors are free to set their own fees. . The SAOU will not firmly set fees but the following fees are a guideline. These guidelines have been developed in consultation with some of the people in the local orthopaedic community as well as similar programs in London and Quebec. Fees should be reflective of the time expended by the mentor and compensate for lost wages.

- Co-treating/shadowing time: \$5-15/hour
- Review/debriefing time post co-treatment \$40-\$80/hour (same as controlled teaching)
- Supervision in Student's clinic \$40-\$80/hour
- Focused Patient Care \$40-\$80/hour
- Controlled Teaching time \$40-\$80/hour

Student's Responsibilities

- Understand clinical education requirements
- Design effective clinical placement program based on strengths, weaknesses, interests.
- Review database and contact appropriate preceptors
- Provide supervisor with a brief description of goals for the placement
- Confirm costs and pay at start of preceptorship

- If in Student's clinic seek approval from clinic director
- Maintain up to date log
- Provide College registration and malpractice insurance

Preceptor's Responsibilities

- Fill out Database template and submit to PODCR
- Obtain current Orthopaedic Division Syllabus manuals from PODCR
- If supervising in Preceptor's clinic confirm with clinic director
- Provide a conscientious educational experience
- Review student's goals prior to placement
- Ensure receipt of copy of college registration and malpractice insurance
- Provide Receipt and sign student's log

Appendix A

Student Log

<u>Date</u>	<u>#hours</u>	<u>Conditions</u>	<u>Skills</u>	<u>Strengths/ Weaknesses</u>	<u>Student Sig.</u>	<u>Prec. Sig.</u>

