Developing Clinical Competence: A Look at Mentoring

Revitalize 2016
Illinois Physical Therapy Association
Speaker Introductions
Northwestern Medicine Rehabilitation Services

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• PT Grand Valley State University
• Manual Therapy Graduate of Ola Grimsby Institute
• LAMP Certification from HPA/APTA
• Studying Organizational Behavior at Benedictine University
• Manager of Outpatient Rehabilitation Services in the West Region
  • Career Advancement Program
  • Professional Development Pathways
  • Clinic operations

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• DPT Midwestern University
• Lead Physical Therapist at NWM Wheaton clinic
  • Level 2 Clinician/Mentor for Vestibular Professional Pathway
  • CI of 10 DPT students
  • Career mentorship of college and high school students
  • Adjunct faculty at Midwestern University
Objectives

- Participants will be able to identify the difference between a teacher and a mentor.

- Participants will be able to describe what skill sets are required to be a successful mentor.

- Participants will be able to describe the different needs and stages of an individual that is learning a new skill set.

- Participants will be able to draw out the phases of the Situational Leadership Theory.

- Participant will be able to explain why investing in developing clinical competence should be a strategic initiative for physical therapy businesses.
Participant Introductions

Around the room

Please share with the group:

- Your name
- Your current professional role
- Current years of clinical practice
- What you hope to gain from this course
The Principles of Mentoring

- Mentoring Models
- Qualities of Mentoring Programs
- Keys to Successful Mentoring
Teaching vs. Mentoring

Definitions from Webster’s Online Dictionary

- **Teacher**: person who helps someone to learn about a subject by giving lessons.

- **Mentor**: person who teaches or gives help and advice to a less experienced person; a trusted counselor or guide.
  - Addition of “trusted counselor or guide” very important
  - “Mentor” implies a personal connection; trust and respect.
  - Suggests there is a relationship there that is not necessarily present with someone who is a teacher.
Mentoring

Defined further

Three defined functions of a mentoring relationship:

1. Psychological support
2. Career development
3. Role modeling

A mentor helps a learner discover their own wisdom.

“Mentoring involves primarily listening with empathy, sharing experience (usually mutually), professional friendship, developing insight through reflection, being a sounding board, encouraging.” - David Clutterbuck
Mentoring Models
For PT/PTA

iMap - volunteer program overseen by the IPTA to connect currently practicing mentors with mentees with like interests.

ABPT Residency and Fellowship Programs - formal post-professional specialty practice programs accredited through the American Board of Physical Therapy.

LAMP - APTA HPA Section - Leadership certification program that consists of two seminars with mentee and mentor project components

Professional Development Pathway - employer specific programs designed to develop clinical specialists in specialty practice
Professional Development Program

Example of a Vestibular Competency Program

Pre-Pathway

• Application
• Online courses and readings
• Assigned a mentor and participates in 1-2 patient care observations
• Attend internal or external CEU
• Successful passing score on both a written and practical examination
Professional Development Program

Example of a Vestibular Competency Program

Level 1

• Begin treating patients with vestibular diagnosis

• Patient Care:
  • Mentee notifies mentor when evaluating a patient with vestibular diagnosis
  • Mentor performs chart audit
  • Mentor/mentee collaborate verbally on each case being seen

• Intermediate level online courses and readings

• Intermediate level external CEU courses determined by mentor

• Treat and track at least 50 patients with a varied vestibular diagnoses

• Minimum 3 years of evaluating and treating vestibular patients before advancing to Level 2
Professional Development Program

Example of a Vestibular Competency Program

Level 2

• Application, CEU tracker and patient log submitted for advancement
• Advanced online CEU and readings
• Advanced external CEU courses
• Mentors a Level 1 therapist
• Present community education or internal education, lead journal reviews, participate in the SIG (Special Interest Group)
• Minimum of 5 years evaluating and treating patients with vestibular diagnoses
Professional Development Program

Example of a Vestibular Competency Program

Level 3

• Successful completion of the Herdman course or NCS certification from the ABPT
• Performs the competency testing of other therapists
• Teaches internal Level 1 courses
• Mentor Level 2 therapists as needed
• Acts as a resource for recommending external education for Level 1 and Level 2 therapists
• Physician liaison
• Performs research/poster presentations/case studies
Mentorship Program Qualities:

ABPT Mentoring Resource Manual

• **Content Knowledge:** The mentor must be able to instruct and evaluate the mentee’s skills within his or her area of practice expertise.
  • Challenge and facilitate mentees in practicing high-quality, compassionate patient care.
    • Prioritize and multitask.
    • Provide opportunities for skill development.
  • Assess mentees’ progress.
  • Challenge mentees.
  • Facilitate development of mentees’ clinical reasoning skills, including reflective educational experience.
Mentorship Program Qualities

ABPT Mentoring Resource Manual

• **Learner Centeredness:** The mentor must demonstrate a commitment to the mentee’s success and well-being as assist him or her in that individual’s professional roles.
  • Demonstrate respect for the learner.
  • Explicitly value the mentee’s contributions.
  • Demonstrate sensitivity and responsiveness to the mentee as an individual.
  • Demonstrate sensitivity and responsiveness to mentee diversity, including his or her abilities, including respect for his or her privacy, autonomy, and professional boundaries.
Mentorship Program Qualities

ABPT Mentoring Resource Manual

• **Learner Centeredness, cont’d:**
  • Demonstrate adaptability by investing in each mentee’s growth and skill development.
    • Determine mentee’s barriers to learning- work to overcome them.
    • Recognize when mentees are in distress, and provide appropriate resources to assist them.
  • Create a climate in which learning is facilitated.
    • Stimulate the best in the learner.
    • Create an open atmosphere that facilitates dialogue about different approaches to clinical issues.
Mentorship Program Qualities, cont’d

ABPT Mentoring Resource Manual

- **Interpersonal and Communication Skills**: The mentor must be able to tailor his/her teaching and communication to the preferred learning style of the mentee in order to facilitate learning.
  - Communicate expectations, goals, and information in ways that engage mentees.
  - Tailor communication to optimize learning.
  - Determine mentee’s prior knowledge and skills.
  - Provide specific, honest feedback to each mentee.
    - Offer both formative and summative feedback.
  - Be open to alternative approaches to problems and issues.
  - Engage in problem-solving that is sensitive to the social-culture context of patient care and clinical teaching.
  - Facilitate dialogue and understanding during times of professional conflict.
Mentorship Program Qualities, cont’d

ABPT Mentoring Resource Manual

- **Professional Integrity**: The mentor must demonstrate best practices and role model these behaviors for mentee.
  - Demonstrate professionalism.

- Exhibit honesty, accessibility, approachability, motivation, accountability, supportiveness, encouragement, and respect by peers in the field.

- Demonstrate effective leadership behaviors and organizational skills.

- Adhere to ethical principles.

- Keep up to date on educational practices and resources.

- Remain accountable for actions, and follow through in a timely fashion.
Mentorship Program Qualities, cont’d

ABPT Mentoring Resource Manual

• Practice-based self-reflection in and on action: The mentor must demonstrate continuous self-reflection and lifelong learning in order to ensure his/her effectiveness as a teacher.

  • Reflect routinely on education/teaching practices, gather feedback, and develop a plan to improve skills.
    • Actively seek input and feedback about the quality and effectiveness of own teaching.
    • Modify teaching techniques and approaches based on feedback.
Mentorship Program Qualities, cont’d

ABPT Mentoring Resource Manual

• Practice-based self-reflection in and on action, cont’d:
  • Reflect upon clinical capabilities, expertise, clinical decision making, and clinical outcomes.
    • Maintain expert clinical abilities/skills.
    • Enhance clinical expertise.
  • Question assumptions.
  • Demonstrate reflective clinical decision making.
  • Seek professional development opportunities to improve clinical and teaching skills.
  • Develop personal educational goals based on self-assessment, and implement a plan to achieve those goals.
Mentorship Program Qualities, cont’d

ABPT Mentoring Resource Manual

- **Systems-Based Learning:** The mentor must use all available resources in order to create an optimal teaching/learning environment.
  - Integrate and translate evidence-based practice into patient/client management.
  - Support teamwork and collaboration.
  - Obtain resources to succeed in teaching.
  - Anticipate how trends and health care delivery system will affect clinical practice.
• **Systems-Based Learning, cont’d:**
  • Use resources to advocate for mentees, coordinate teaching endeavors, and optimize learning environments.
    • Seek and use resources within the institution.
    • Seek out and work with others to employ a broad spectrum of resources.
Mentor/Mentee Characteristics

Personal Characteristics
ABPT Mentoring Resource Manual

- Capacity for self-reflection and self-development
- Willingness to learn/teach
- Eagerness to pursue excellence
- Trusting stance
- Intellectual humility
- Internal locus of control
Mentor/Mentee Characteristics

Interactive characteristics that promote success
ABPT Mentoring Resource Manual

• Good communicator
• Values partnership and teamwork
• Demonstrates initiative and motivation
• Confidence to try new patient/client management approaches
• Commitment to learner engagement
Mentor/Mentee Characteristics

Interactive characteristics that promote success, cont’d
ABPT Mentoring Resource Manual

• Identifies and provides care with sensitivity to generational and cultural differences.

• Open to feedback.

• Able to handle complex patient, provider, and organizational situations.

• Able to function competently in uncertain situations.
Responsibilities of a Mentor

ABPT Mentoring Resource Manual

• Commits to mentoring.

• Provides resources, experts, and source materials in the field.

• Offers guidance and direction regarding professional issues.

• Encourages and acknowledges mentee’s ideas and professional contributions.

• Provides constructive and useful critique of the mentee’s work and strategies for change.
Responsibilities of a Mentor, cont’d

ABPT Mentoring Resource Manual

• Challenges the mentee to expand his/her abilities.
• Provides timely, clear, and comprehensive feedback regarding mentee’s performance and development.
• Respects and fosters mentee’s independence, creativity, and uniqueness.
• Shares with mentee the success and benefits of products and activities.
• Foster an environment of emotional safety, support and respect.
5 Keys to a Successful Mentoring Relationship

ABPT Mentoring Resource Manual

1. Focuses on acquisition of knowledge and development of advanced clinical reasoning skills, in order to competently manage a complex clinical situation.

2. Consists of 3 components: emotional and psychological support, direct assistance with career and professional development, and role modeling.

3. Is reciprocal—both mentor and mentee derive emotional or tangible benefits.

4. Is personal, with direct interaction, and informal/comfortable for mentor and mentee.

5. Emphasizes the mentor’s greater experience, influence, and achievement within a particular organization.
Skills of Mentoring

- Understanding Learning Styles
- Utilization of the Power of Reflection
- Mentoring for the Situation
Lecture Learning vs. Active Learning

Study by Pradhand, et al

● New lecture formats are geared towards “active learning” with audience response systems.

● This study looked at the effectiveness of traditional lecture vs. interactive lecture.

● Results: Pre- vs. post-test scores examined
  • Traditional lecture students improved their scores by 2%.
  • Interactive learning students improved their scores by 21%.
  • 82% of students felt interactive learning was helpful.
HealthStream Learning at NWM

Real world application of interactive learning

- Previous online learning and education was “lecture format” with slides to click through and a post-test at the end to ensure retention.

- New format includes interactive learning with questions to answer before you can advance to the next slide.
Adult Learning and Retention

How does this apply to therapists?

- What is the benefit to participating in ongoing education vs. attending CE courses?

- Adults only retain approximately 10% of what they learn from lecture/reading.

- When given the opportunity to regularly practice a new skill, retention increases to 75%.

- Even more impressive, learning retention jumps to 90% when an adult is given the opportunity to teach others.
  - This is where MENTORSHIP comes into play.
Learning Styles and Strategies

Felder & Silverman: North Carolina State University
www.engr.ncsu.edu/learningstyles

Index of Learning Styles (ILS)
• 44 item online questionnaire - no cost for non-commercial use

• Provides a learning style preference
  • Sensory - Intuitive
  • Visual - Verbal
  • Active - Reflective
  • Sequential - Global

• A student's learning style profile provides an indication of probable strengths and possible tendencies or habits.

• It is only a preference and does not indicate the ability of the student. However the stronger the score in one dimension, the greater the possibility a student may have difficulty in a learning environment that does not support that preference.
Learning Styles and Strategies

Active – Reflective Learner

• Active Learner
  • Learn best by doing something active with the new material
  • Enhance their learning by studying in groups, taking turns explaining different topics or sharing how one would answer a test question

• Reflective Learner
  • Learn best by thinking about the new material
  • Enhance their learning by taking time to review what they have heard or read and write short summaries in their own words
Learning Styles and Strategies

Sensing – Intuitive Learner

• Sensing Learner
  • Prefer facts and enjoy solving problems by well-established methods
  • Tend to be more practical and careful
  • Enhance their learning of more abstract or theory concepts by seeking specific examples and connect it to the real world

• Intuitive Learner
  • Prefer innovation and discovering possibilities, dislike repetition
  • Tend to be faster and comfortable with abstracts
  • Enhance their learning of material that requires memorization or systematic use of formulas by seeking out interpretations or theories that link the fact.
  • May be prone to careless mistakes in repetitive learning situations, advised to read the entire question on tests and confirm results.
Learning Styles and Strategies

Visual – Verbal Learner

• Visual Learner
  • Remember what they see
  • Enhance their learning by searching out visual representation of the material they are learning or draw out a concept map for a visual.

• Verbal Learner
  • Remember what they hear
  • Enhance their learning by working in groups that verbally share their understanding of the material. They learn not only from hearing others but also from verbalizing the material in their own words.
Learning Styles and Strategies

Sequential - Global Learner

• Sequential Learner
  • Gain understanding in linear steps, able to utilize the pieces of the learning they have finished even though they may not understand the whole concept
  • Follow logical steps in finding solutions
  • Enhance learning by considering how the sequential pieces can be applied to things they already know

• Global Learner
  • Gain knowledge in large jumps, absorbing material randomly without seeing the connections until “gets” the big picture
  • May solve complex problems quickly once they grasp the big picture but may have difficulty explaining how they did it
  • Enhance their learning by overviewing material first to get an idea of the big picture and then immerse their time into one individual subject vs. short time on every subject
Power of Reflection
A study by Wainwright, et al

• This study sought to determine the types and extent of reflection that informs the clinical decision-making process and compare the use of reflection to direct and assess clinical decisions made by novice and experienced PTs.
  • Utilized concepts developed by Donald Schon, developer of the concept of reflective practice at MIT.

• Schon identified three elements of reflection: active engagement in intellectual processes, exploration of problems or experiences and a subsequent changed perspective or new insights.

• Schon’s stages represent component abilities that are necessary for lifelong learning and professional growth.
Types of Reflection

Based on Donald Schon’s Model

• **Knowledge-in-action (KIA):** knowledge and skills that a professional possesses and uses within a given context.

• **Reflection-in-action (RIA):** ongoing meta-cognition about what is occurring during patient-therapist interaction and often informs the process of experimentation.

• **Reflection-on-action (ROA):** occurs as an individual looks back on what occurred and often results in a broadened or revised clinical decision making framework.
RIA vs ROA

Donald Schon

**Reflection in Action**
- thinking ahead
- analysing
- experiencing
- critically responding

**Reflection on Action**
- thinking through subsequent to situation
- discussing
- reflective journal

Schön’s Reflection
Model of Reflective Practice

Donald Schon

- Knowing-in-Action
- Surprise
- Reflection-in-Action
- Experimentation
- Reflection-on-Action
Results of Study on Reflection

Wainwright, et al

• Participants expressed ROA in two different ways: Reflection-on-specific-action (ROSA) and Reflection-on-professional-experience (ROPE).

• **ROSA**: includes thinking back upon interaction with a specific patient for the purpose of affirming the plan of care or modifying it.

• **ROPE**: encompasses broad comments about prior experiences that informed clinical decision making and professional practice.

• Both novice and expert clinicians participated in ROPE and ROSA, though experienced clinicians demonstrated use of ROPE 3-4 times more often than their novice counterparts.
Results of Study on Reflection

Wainwright, et al

- RIA was used exclusively by experienced and intermediate clinicians in this study.

- RIA was used by experienced clinicians to assess their patient’s performance as well as their own thought processes and actions.
  - Assessments were ongoing throughout the treatment session and lead to change in the therapist interaction.
  - RIA was described by a study participant as “fluid... not something I was consciously thinking about”.

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Revised Conceptual Framework

Based on research by Wainwright, et al

Prior experience
Develop skills and abilities

Reflection-in-Action
Intermediate
Experienced

Clinical Decision-Making Abilities
Novice
Intermediate
Experienced

Reflection-on-Action

Effective Patient Management

Reflection on Professional Experience

Reflection-on-Specific-Action
Mentorship to Promote Reflection

Based on research by Wainwright, et al

• Common thread in differences between types of reflection the novice and experienced therapist use is the depth and breadth of experiences each therapist has had.

• It is necessary to give novice PTs sufficient time to engage in reflective activities.

• All novices in the experiment benefited from mentorship, which provided them the opportunity to engage in ROA with their mentors.
Mentorship to Promote Reflection

Based on research by Wainwright, et al

Several factors to integrate into education and mentorship of novice practitioners to develop reflection:

1. Mentorship should establish explicit goals for decision-making processes and the practice of reflection, as well as develop intentional instructional and assessment activities to achieve these goals.

2. Time is necessary for success, and the need to take time to reflect should be made explicit and modeled for novices.

3. Benchmark performance should be assessed relative to clinical objectives.

4. Clinical faculty should engage in their own professional development to teach these skills and model the appropriate behavior.
Tool for Clinical Reasoning and Reflection

Study by Atkinson, Nixon-Cave

• Using the Guide to Physical Therapist Practice and the International Classification of Functioning, Disability and Health, this case report looked at how the Physical Therapy Clinical Reasoning and Reflection Tool (PT-CRT) facilitated mentoring sessions around patient cases to improve patient care.

• After a clinical encounter, strategies to enhance learning and reasoning should include both internal focused reflection and external reflective articulation.
  – Used as a guide for mentors and mentees to begin clinical discussion around patient cases.
The PT-CRT Tool for use in clinical decision making.

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<th>Health Condition</th>
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<th>Body Structures/Function (Impairments)</th>
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<th>Activity (Tasks)</th>
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Reflection Time

Recall a recent treatment session that you provided to a complex patient.

Consider the following:

• As you designed your intervention plan, how did you select specific strategies?
• What is your rationale for those intervention strategies?
• How might you need to modify your interventions for this specific patient? And what are your criteria for doing so?

• Patient education:
  • What are your overall strategies for teaching?
  • Describe learning styles/barriers and any possible accommodations for the patient
  • How can you ensure understanding and buy-in?
  • What communication strategies (verbal and non-verbal) will be most successful?

As a mentor, couldn’t you ask these patient education questions to yourself and replace the “patient” with “mentee”?
Let’s take a break
Mentoring to the Situation
History of the Situational Leadership Model
Hersey and Blanchard in the late 1960’s

• The Situational Leadership Model is a leadership theory developed by Paul Hersey and Ken Blanchard.

• The fundamental underpinning of the situational leadership theory is that there is no single "best" style of leading or training someone.

• The most successful mentors are those who adapt their leadership style to the maturity of the individual or group they are attempting to lead or influence.

• Effective leadership varies, not only with the person or group that is being influenced, it also depends on the task, job or function that needs to be accomplished.
Learner Readiness
Maturity = Ability/Competence + Willingness/Motivation

Defining Maturity

Maturity in the scope of Situational Leadership refers to a specific set of attributes, all of which contribute towards the overall measure of maturity. These are:

- Knowledge
- Skills
- Experience
- Motivation
- Attitude
- Commitment

*Ability* High or Low?
*Willingness* High or Low?

Maturity Level
M1, M2, M3 or M4
Stages of the Learner

A good mentor develops both the competence and commitment of their mentee.
Mentorship Behaviors

Good mentorship involves balancing between the amount of directive behavior and supportive behavior needed in the learning situation.
## Mentor Skills

Success = pairing the right skill to the correct situation based on the learner’s needs

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<td><strong>S1</strong></td>
<td>Telling</td>
<td>Leader defines the roles of the individual or group and provides the what, how, why, when and where to do the task</td>
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<td><strong>S2</strong></td>
<td>Selling</td>
<td>While the leader is still providing the direction, he or she is now using two-way communication and providing the socio-emotional support to &quot;sell&quot; their message to get people on board.</td>
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<td><strong>S3</strong></td>
<td>Participating</td>
<td>Leader shares decision-making about aspects of how the task is accomplished and the leader is providing less task behaviors while maintaining high relationship behavior</td>
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<td><strong>S4</strong></td>
<td>Delegating</td>
<td>Leader is still involved in decisions; however, the process and responsibility has been passed to the individual or group. The leader stays involved to monitor progress</td>
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Situational Leadership Model in Action

Steps to be taken

1. Identify the task or goal to be achieved.

2. Assess the learner’s maturity or development level (ability/competence and willingness/commitment).

3. Match the leadership behavior to the needs of the learner.

4. Manage the ongoing situation based on the learner’s development needs.
Importance of Matching the “S” to the “D”

- Learner regression if not directed or supported at the correct time.
- Competence level doesn’t move forward which leads to quality issues.
- Commitment level moves to low which can lead to motivational, work effort issues.
- In team atmospheres these issues significantly multiply in impact.
Small Group Activity
What was your situation?

Think about the last time you either had to learn something completely new or you had to mentor someone on a new skill.

• Did the mentor provide the right level of support and direction throughout the mentoring process?
  Can you identify which “D” level the learner needed?
  Which “S” did the mentor offer?
• Did the learner progress to a fully competent and committed level?
  Why or why not?
• Did the mentor adapt their behavior throughout the process?
• Overall how would you rate the experience?
• What could have been done to improve the experience?
The Costs of Mentoring
Is it worth the time and effort?

- Costs of CEU’s
- Human Knowledge Asset
- Employee Satisfaction
- Future Therapy Payment Models
Seminar Reimbursement

Is this a good return on investment?

Scenario One:
ABC Physical Therapy employs 20 PT/PTA’s. They reimburse $1000/year on seminar and travel reimbursement for each of its 20 therapists = $20,000 annually.

Scenario Two:
XYZ Physical Therapy employs 20 PT/PTA’s. They allow 3 hours/month for each therapist to be involved in one on one mentoring. At an average cost of $38/hour = $27,360 annually. They identified specific treatment areas that their staff needed further development in and reimbursed 6 therapists that attended seminars = $5000. Total cost = $32,360 annually.

Which scenario do you feel is a better investment? Why?
Seminar Reimbursement continued

Value Considerations:

- Is there a difference in patient outcomes after attending a seminar vs. participating in a mentoring program?

- Is there a difference in the competence levels after attending a seminar vs. participating in a mentoring program?

- After attending a seminar, how much sharing of knowledge occurs?
Continuing Education vs. Professional Development

Study by Brennan, et al

- PTs frequently attend CE courses with goal of providing better patient care.

- This study looked at the effectiveness of 2-day CE course vs. ongoing clinical improvement project (professional development).

- Results:
  - Attending 2-day CE course was **not** associated with improvement in clinical outcomes.
  - Participation in ongoing improvement project **did** result in greater clinical improvement for patients.
The Value of Human Knowledge

How do you put a price on this particular asset?

- The time and money a company spends to develop its therapists’ knowledge is an asset.

- A successful company protects its assets.

- How does a company retain the human knowledge asset?

MENTORING
Employee Job Satisfaction
What is the value of employee engagement?

• Physical therapists typically are very driven and knowledge hungry individuals.
• Providing opportunities for professional development can drive employee satisfaction.
• What are the benefits of employee satisfaction?
  o Improved customer experiences
  o Organizational commitment = decreased turnover and increased human knowledge asset retention
  o Increased productivity
Future Payment Models for Healthcare
How can investing in professional development prepare for this?

The Future:
• Affordable Care Organization (ACO) – provider-led organization that takes on full responsibility for the overall quality and costs of care delivered to a defined patient population.
• Bundled Payments – single lump sum payment that is shared by all providers that who care for a patient during a single episode of care.
• Value Based Reimbursement – payment based on outcomes vs. historic model of payment based on volume of care given/fee for service.

Key to Success:
• Highly effective care
• Collaboration of care
• Emphasis on prevention and education – patient as an integral part of their own health
Post Class Assessment

Have the objectives been met?

• Participants will be able to identify the difference between a teacher and a mentor.

• Participants will be able to describe what skill sets are required to be a successful mentor.

• Participants will be able to describe the different needs and stages of an individual that is learning a new skill set.

• Participants will be able to draw out the phases of the Situational Leadership Theory.

• Participant will be able to explain why investing in developing clinical competence should be a strategic initiative for physical therapy businesses.
Questions

Reflect back through the last 3 hours

Hmmm, what did Michaela and Carrie not answer for me about mentoring and developing competence?
Thank You

Please remember to fill out the class feedback