

# A PRAGMATIC APPROACH TO DELIVERING, ORGANISING AND ASSESSING THE MENTORED PRACTICE COMPONENT OF OMT PROGRAMMES

**John Langendoen**

**Per Kjaer**



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# AIM OF MENTORED CLINICAL PRACTICE (MCP):

To meet the post-graduate level requirements  
of the IFOMPT SD at the end of the program



# POST-GRADUATE LEVEL & IFOMPT SD

## ► Level 7 of learning

Critical evaluation

Synthesise

Justify

Reflect

Innovate

Complex

Analytical

Theorise

Hypothesise

## ► IFOMPT SD: 7 Roles

1. an clinical expert / clinical decision-maker
2. a communicator
3. a collaborator
4. a manager
5. a health advocate
6. a scholar
7. a professional

## IFOMPT SD: 10 Dimensions

1. evidence based practice
2. biomedical sciences
3. clinical sciences
4. behavioural sciences
5. knowledge base of OMT
6. clinical reasoning skills
7. communication skills
8. practical skills with sensitivity and specificity of handling,
9. process of research
10. continued professional commitment



# 4th (final) MCP (120.-160. hr) (Mapping 2008SD and Blooms's Objectives)

Learning Phase Domain	Recall data, Understand Imitate Receive	Apply Manipulate Responding	Analyse Develop Valuation	Synthesize Articulate Organize	Evaluate Naturalize Internalize	Remarks
Role 1 Clinical Exp					A A A	Great
Role 2 Communic					A A A	Great
Role 3 Collaborator					A A A	Great
Role 4 Manager					A A A	Great
Role 5 Health Adv					A A A	Great
Role 6 Scholar					A A A	Great
Role 7 Prof					A A A	Great
Dim 1 EBP					A A A	Really good
Dim 2 Biomed					A A A	Great
Dim 3 Clin					A A A	Superb
Dim 4 Beh					A A A	Fantastic
Dim 5 OMT					A A A	Magnificent
Dim 6 Clin Reas					A A A	Terrific
Dim 7 Comm					A A A	Wow!
Dim 8 Spec Sens					A A A	Incredible
Dim 9 Res					A A A	Outstanding
Dim 10 CPD						(no doubt)
OVERALL					A A A	Wow, never seen this before

# Somewhere during MCP... (Mapping 2008SD and Blooms's Objectives)

Learning Phase / Domain	Recall data, Understand Imitate Receive	Apply Manipulate Responding	Analyse Develop Valuation	Synthesize Articulate Organize	Evaluate Naturalize Internalize	Remarks
Role 1 Clinical Exp				X		
Role 2 Communic			X			adopt a communication model e.g. Schulz-v Thun
Role 3 Collaborator		X				interdisciplinary cooperation is open for engagement...
Role 4 Manager				X		adequate clinical case manager
Role 5 Health Adv				X		good ideas for self management
Role 6 Scholar			X			is motivated, however need to develop, more flexibility e.g. for new ideas
Role 7 Prof				X		well organised, good time management
Dim 1 EBP			X			focus on backing up his daily procedures
Dim 2 Biomed		X				pathological knowledge needs update
Dim 3 Clin				X		sound anatomical knowledge, focus on biomechanics
Dim 4 Beh		X				Keep pain behaviour in mind when analysing problems
Dim 5 OMT				X		good understanding of omt conception
Dim 6 Clin Reas				X		Focus on development of self-assessment
Dim 7 Comm				X		Focus on precision, coming to-the-point
Dim 8 Spec Sens				X		Now emphasize development from knowing to doing
Dim 9 Res			X			Think of ideas for an appropriate design
Dim 10 CPD	-		-	-	-	-

The only way to assess Level 4, 'does', is to **observe the practitioner at work** in the real world: this measures our **ability to perform**.



Based on work by Miller GE, *The Assessment of Clinical Skills/Competence/Performance*; Acad. Med. 1990; 65(9); 63-67  
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)



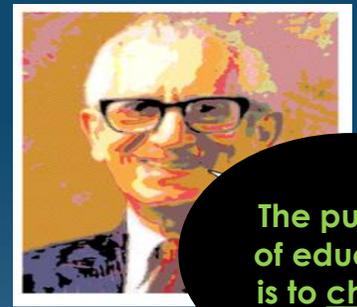
## 2 QUESTIONS TO 4 DIFFERENT STARTING POSITIONS.

„WHAT CHALLENGES DOU FORESEE AND HOW WOULD YOU FACILITATE LEARNING DURING THE INITIAL MCP (OPTIONS)

1. 23 yrs old Bachelor PT, doing a 1 yr full-time MSc program in OMT program (academic knowledge, no clinical experience)
2. 30 yrs old PT (no Bachelor degree), doing a 1 yr full-time MSc in OMT program (some clinical experience, but no academic knowledge)
3. 30 yrs old PT (no Bachelor degree) with MT experience, doing a 3 yrs part-time MSc
4. 50 yrs old Bachelor in PT with 25 yrs of experience (running a clinic with 10 employees), doing a 3 yrs part-time MSc program



# DEVELOPMENT OF EDUCATIONAL OBJECTIVES (BLOOM)



The purpose of education is to change

Cognitive / Knowledge	Affective / Attitude	Psychomotor / Skills
1. Recall data	1. Receive (awareness)	1. Imitation (copy)
2. Understand	2. Respond (react)	2. Manipulation (follow instructions)
3. Apply (use)	3. Value (understand and act)	3. Develop Precision
4. Analyse (structure/elements)	4. Organise personal value system	4. Articulation (combine, integrate related skills)
5. <b>Synthesize</b> (create/build)	5. <b>Internalize</b> value system (adopt behaviour)	5. <b>Naturalization</b> (automate, become expert)
6. <b>Evaluate</b> (assess, judge in relational terms)		

Ask the right questions, give to right tasks to perform ... to facilitate the student to shift to the next learning phase...



# ROLE OF THE FACILITATOR AT CLINICAL PLACEMENTS



- Mentor
- Tutor
- Supervisor
- Coach

Tom, mentoring is about more than encouraging people to be just like you!



# EA'S EVALUATION OF MCP

MCP makes up to 30% of the OMT program.

EA reports on MCP are much less than 30% of the report.

On site visits are not common practice.



# TO BE ASSESSED:

- ▶ Profile of Mentors
- ▶ Marking Criteria
- ▶ Performance Assessment Forms of Mentor
- ▶ Student's Documentation and Report
- ▶ Student Evaluation Forms of Mentor
- ▶ Student's Logbook on MCP
- ▶ Feedback of Students on MCP
- ▶ Feedback of Mentors on MCP

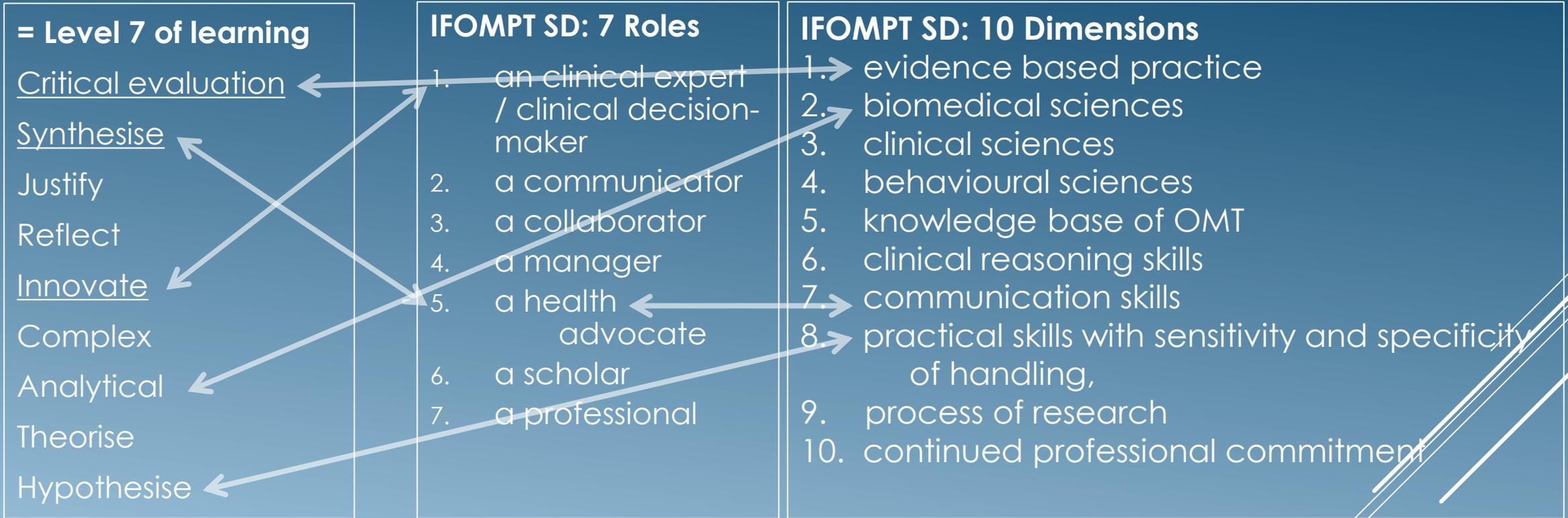


## 2. FOCUS. ORGANISATION



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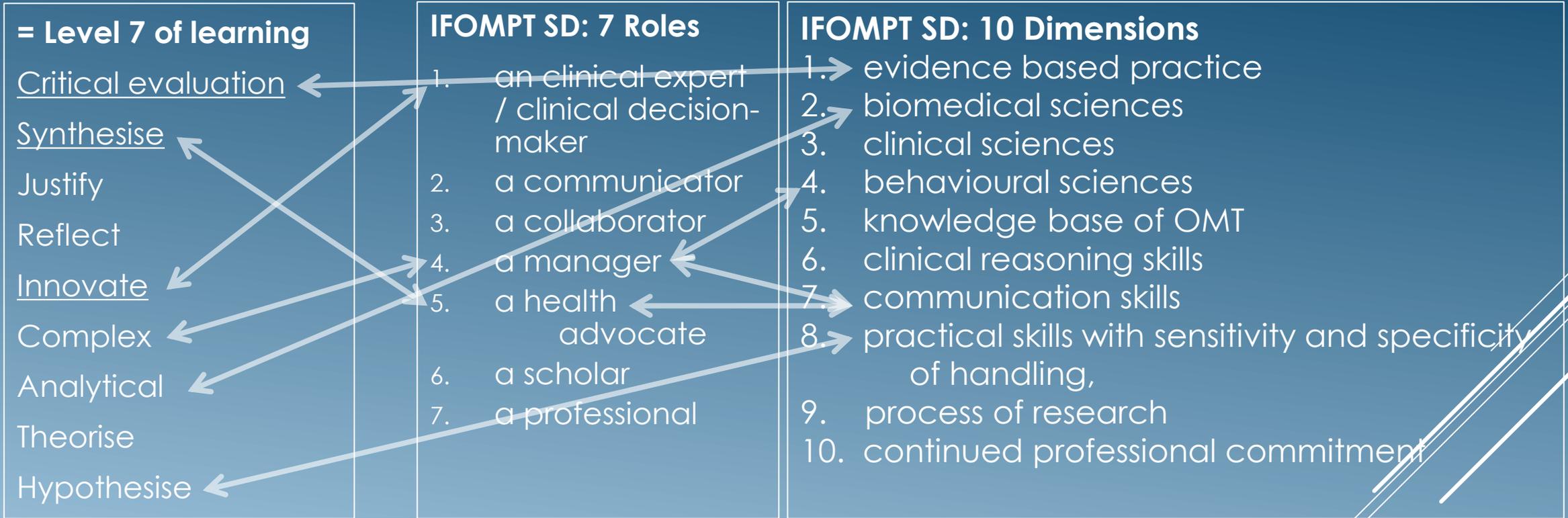
# MASTER LEVEL & IFOMPT SD



## 1. Focus of MCP: Master Level Outcome, Competencies



# MASTER LEVEL & IFOMPT SD



**1. Focus of MCP: Aim is to reach Master Level, Competencies.**

**Note: Mentor has to be able to assess Master Level, 7 Roles and 10 Dimensions of IFOMPT SD**



# EXAMPLES

- ▶ Communication Square and 8 styles of communication (Schulz von Thun)
- ▶ Explain pain (Butler)
- ▶ Q & A (Maitland)
- ▶ Written reports

- ▶ Anatomical anomalies (spinal tropism, thoracic aperture, neural end branches, pre-/post-fixed nerves)
- ▶ Pathomechanics (by birth, growth, injury, surgery)



- ▶ Globally diverse
- ▶ A-F
- ▶ 1-6
- ▶ 0, 2, 4, 7, 10, 12
- ▶ Fail to High Distinction (5)

- ▶ Role 1: Clinical Expertise
- ▶ FAIL: no logical approach recognizable, does not listen, no reasoning skills to develop hypotheses, no pattern recognition, no references for evidence...

## CRITERIA



# 3. FOCUS: INDIVIDUAL COACHING A/O SUPERVISING A/O TTUTORING A/O MENTORING)

- ▶ Starting Point, Recognition
- **Can the C/S/T/M recognize the**
  - Cognitive,
  - Affective,
  - Psychomotor

**Learning Phases** of the Student

and so ....

adequately **facilitate change** in the Learning Process of the Student?,

