

Name of Program: Moss Rehab Neurologic Residency
Name of Program Director: Kimberly Miczak PT
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Think Tank Reviewer name: Lauren Snowdon
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A. Describe the overall administrative structure of your program(s) (**check ALL that apply**):

X Non-Profit

X Hospital or HMO based:

B. How is this resource/document delivered in your program:

X Taught to residents the following specialty areas: _PT Neurologic Residency, PT Orthopedic Residency, OT Residency

Delivered in person, online, or combination?

Delivered in person

X When is this document/resource used in the program (early, late, on a recurring basis)?

The Mentor Training Workshop occurs annually, just prior to the start of the Residencies (typically held in April/May, new Residents begin in July)

X Is this resource/document taught by your faculty or other departments in your institution?

The Program Directors for the 3 Residencies (PT Neurologic Residency, PT Orthopedic Residency, OT Residency) teach and facilitate the workshop collaboratively

Other comments:

C. What challenges/barriers did you face in developing this resource?

The lack of general resources and available literature was a barrier to development of the workshop. This year the document was updated to include some higher level articles, though the basis of the evidence is mainly information regarding students. Administratively, the time to deliver the workshop can be challenging. All mentors are full time clinicians who get pulled from a brief period of treatment at the end of the day and the workshop runs into the evening. This makes for a long day but it is difficult to take the mentors out of treatment beyond that.

D. What do you feel makes this resource innovative or exceptional?

The interdisciplinary collaboration amongst the 3 programs is innovative. Mentors from varied specialty areas come prepared with practical case examples to share and problem solve with the group. This fosters rich discussion from varied mentors and discipline-specific perspectives, and takes the workshop from more of a theory-based experience to a practical training session. The session is also tailored to the mentors and programs' needs. This year, a survey was sent prior to the workshop to ask mentors what topics they wanted to focus on and the session was tailored to highlight those.

The framework for defining levels the Residents are performing at and determining how to elevate their practice is also unique. **Case examples are given regarding Residents who are**

functioning at different practice levels (novice, proficient, expert) or stuck at different points in Bloom's taxonomy (comprehension or knowledge state). This ensures a common language for communication and the opportunity to review strategies on how to elevate the Residents' practice.

E. In terms of changes, there was concern that some mentors need to the training more than others, and at some point the workshop format could become "saturated." The program wants to meet the different expertise levels, from newer mentor to experienced mentor, and ensure that everyone has the opportunity to further develop. Two considerations to address this need were updating the workshop based on feedback from participants, and consideration of providing a group presentation to the entire team at the start of the workshop and then shifting to break-out sessions of novice mentors and advanced mentors.

F. How did you assess the effectiveness of this educational resource/activity with your learners? Effectiveness was informally assessed through verbal feedback and email communication from mentors. The program intends to send out a feedback/critique form to get more structured feedback next year.

Summary:

Discussion of case examples in terms of Bloom's taxonomy and clinical competence level was also a great objective way to assess Resident performance and unify the language amongst mentors.