



EMORY
UNIVERSITY

EMORY UNIVERSITY ORTHOPEDIC PHYSICAL THERAPY RESIDENCY

Weekly Clinical Mentoring Form

Resident's name: _____

Date of mentoring: _____

Total number of hours spent mentoring with this resident this week: _____

Mentor's name/ Facility name: _____

Types of patient(s) seen diagnostically and body region:

Goal setting for this mentoring session:

a. Discuss upcoming challenges with future patient encounter

1.

2.

b. Discuss what type of feedback the resident prefers during the upcoming patient encounter.

1.

Specific areas in which the resident performs well:

Specific areas in which the resident needs to improve:

Skill Level	Comments
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EXAMINATION TASKS

Identify Problems/Concerns	_____
Obtain Symptom History	_____
Screen for Disease/Complications	_____
Administer Tests and Measures	_____
Community/work integration	_____
Level of pain	_____
Posture/Structural assessment	_____
Gait/Balance Assessment	_____
Integumentary tissue quality	_____
Circulatory assessment	_____
Sensory Integrity	_____
Reflex Integrity	_____
Active range of motion	_____
Motor function/coordination	_____
Joint integrity	_____
Muscle performance	_____

EVALUATION TASKS

Interpret data from history	_____
Develop working hypothesis	_____
Determine appropriateness of PT	_____

Plan tests and measures _____

Respond to emerging data from P.E. _____

Interpret data from P.E. _____

Correlate history and P.E. findings _____

Identify cause of problem _____

Select Intervention Approach _____

Respond to emerging data from Rx _____

DIAGNOSIS TASKS

Establish Diagnosis _____

Determine Intervention Approach _____

PROGNOSIS TASKS

Predict Optimal Level of Function _____

Establish Plan of Care _____

Choose Assessment Measures _____

INTERVENTION TASKS

Provide Patient Education _____

Implement Therapeutic Exercise Instruction _____

Implement Functional Training _____

Implement Manual Therapy Procedures _____

Administer Protective/Assistive Devices _____

OUTCOMES REVIEW

Review outcomes related to prevention _____

Review functional limitations outcomes _____

Review disability remediation outcomes _____

Review patient satisfaction outcomes _____