

## **Orthopaedic Division Education Guidelines for Mentorship**

[www.orthodiv.org](http://www.orthodiv.org)

### **Introduction**

Canadian orthopaedic manipulative therapists are officially represented internationally by the Canadian Academy of Manipulative Physical Therapists (CAMPT), the member organization to the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). One of IFOMPT's membership requirements is that a member country's nationally recognized educational standards meet those outlined by IFOMPT.

IFOMPT's Educational Standards Guidelines stipulate that a member organization's educational curriculum should include a minimum of 200 hours of theory instruction, 150 hours of practical instruction, 150 hours of clinical supervision and evaluation of competency. The CPA Orthopaedic Division's current Diploma of Advanced Manual and Manipulative Physiotherapy curriculum meets these requirements with the exception of the clinical supervision component. To ensure continued recognition by IFOMPT as a member country, a clinical supervision requirement of 150 hours total has been incorporated into the Orthopaedic Division's educational curriculum. Ninety of these hours of clinical supervision must be completed prior to making an application to complete the Intermediate Practical Examination (IPE). An additional 60 hours of clinical supervision must be completed prior to making application to take the Advanced Examination.

The supervising clinician for the initial 90 hours must have successfully completed the Intermediate Examination (or its equivalent). The supervising clinician for the final 60 hours must have successfully completed the Advanced Examination (or its equivalent). IFOMPT standards recommend a maximum 4:1 ratio of students to supervisor. Individuals will be responsible for making their own arrangements for clinical supervision with accredited supervising clinicians. Proof of completed supervised hours must be submitted by the student to the Examinations Coordinator along with the Intermediate and Advanced Examinations application forms. To this end a letter signed by the supervising therapist documenting the dates and hours of supervision is required.

## **Total Clinical Mentorship Requirements for Intermediate and Advanced Exams**

Total hours = 150

Direct Clinical Hours = 85

Indirect Clinical Hours = 65

### Breakdown of Clinical Mentorship Hours

Prior to registering for the Intermediate Practical Exam (IPE) 90 hours must be completed

- 55 hours must be direct clinical hours (must be supervised by a mentor)
- 35 hours may be indirect clinical hours (group study – not directly supervised)
- Supervision must be with a physiotherapist who has successfully completed their **Canadian Intermediate Certificate Exams (2010 or earlier), Canadian Advanced Diploma Exam, Clinical Masters from UWO**

Prior to registering for the Advanced Exams 60 hours must be completed

- 30 hours are direct clinical hours (must be supervised)
- 30 hours are indirect clinical hours (group study – not directly supervised)
- Supervision must be with a physiotherapist who has successfully completed their **Canadian Advanced Diploma Exam, Clinical Masters from UWO**

### **Direct Clinical Hours (a combination of hours from 1,2,3 are encouraged)**

1. Direct patient care may consist of any of the following activities

- Co-treating at the preceptor's clinic with a 1:1 and up to 3:1 Student: Mentor ratio.
- Supervision of assessment/treatment at the student's clinic in which the Mentor attends the student's clinic to provide 1:1 and up to 3:1 feedback
- While the student is performing direct patient care hours the Mentor may provide 1 to 2 hours of extra instruction at the end of the day or the next day and/or visit in regards to practicing specific techniques encountered while treating actual patients.

2. Study group with your mentor performing various Mock Scenarios and/or practical Clinical Reasoning cases

- Mentor provides a mock scenario at either their clinic or the student's facility using volunteers or other physiotherapists who are not actual patients

- This must be performed with the mentor present and the student: mentor ratio can vary from 1:1 to 4:1.

### 3. Controlled Teaching

- Focused patient care is outside of regular clinic hours and the student and Mentor are focused on certain conditions with actual patients. Ratio of Student:Mentor can vary from a 1:1 to 4:1 ratio.

### 4. Video web based learning

- Clinical reasoning exercise and mock scenarios. 1:1 to 4:1 ratio

Examples of the above direct hours:

a. If you are co-treating direct patient care with your mentor at their clinic for 8 hours then this will count as 8 direct hours.

b. If you are participating in a study group with a mentor and there are up to 4 students present, then every hour will count when you are with the mentor in this clinical reasoning/mock scenario teaching session.

c. In a controlled teaching session with an actual patient then every hour present with the patient will count as a direct hour whether there are 1 or up to 4 students present.

d. Video Web based clinical reasoning exercise and mock scenarios. 1:1 to 4:1 ratio

**\*\* Any combination of the above direct hours will be accepted\*\***

### **Indirect Clinical Hours**

- Hours spent in small study groups or “prep groups”
- Peer presentations i.e. case study presentations
- On-line case study discussions with fellow students
- While studying in a small group write the name and date of the other students present and have them initial or sign next to their names

## **Recommended Timetable for Completing Supervised clinical hours**

Intermediate Practical Exam requires 55 supervised direct clinical hours

### **Level 1**

↓ 10 hours

### **Level 2 Upper and Lower**

↓ 20 hours

### **Level 3 Upper and Lower**

↓ 25 hours

### **Apply for Intermediate Practical Exam (Fall)**

↓

### **Intermediate Practical Exam (Spring)**

Advanced Exam requires 30 supervised direct clinical hours

### **Level 4**

↓ 10 hours

### **Level 5**

↓ 20 hours

### **Apply for Advanced Exam (summer)**

↓

### **Advanced Exam (fall)**

## **Expectations of MENTORS:** **BEFORE THE MENTORSHIP BEGINS**

- To qualify as a mentor: For those students challenging the Intermediate Practical Exam you must have a **Canadian Intermediate Certificate Exams (2010 or earlier), Canadian Advanced Diploma Exam or a Clinical Masters from University of Western Ontario (Western).**
- To qualify as a mentor: For those students challenging the Advanced Manipulative Diploma you must have a **Canadian Advanced Diploma Exam or a Clinical Masters from Western**
- Fill out the mentorship form (Appendix VII) and submit to Jennifer MacMillan at [orthodiv@shaw.ca](mailto:orthodiv@shaw.ca) to be part of the National Mentorship database.
- You must be registered with CAMPT in order to be a mentor ([www.manipulativetherapy.org](http://www.manipulativetherapy.org))
- It is highly recommended to complete all yearly on-line educational tutorials as sent out by the mentorship coordinator for the education committee.
- Ensure that all relevant administrators (practice owners, program directors, and professional practice leaders) are aware and approve of the mentorship activities performed in the practice setting.
- Obtain a copy of the student's college registration and malpractice insurance
- Review the student's goals and ensure they are congruent with the practice setting and your abilities.
- Discuss any remuneration costs associated with the mentorship with the student prior to the start of the preceptorship (Appendix VI)

## **DURING THE MENTORSHIP PROGRAM**

- Be an exemplary role model of specialized practice.
- Conduct yourself according to College regulations, relevant legislative bodies, and institutional policies.
- Fill in and sign the Clinical Mentorship Hours Log Sheet (Appendix V) to document the number of mentorship hours the student has completed under your supervision.
- Complete a Mentor Evaluation Form (Appendix VIII) to provide feedback and guidance to student. This form should be completed at least once during the first half of the planned mentorship period or if you have spent at least 10 hours with the mentee.
- Assist the student in keeping a log of clinical knowledge, skills, and behaviors performed/exhibited during the clinical mentorship (Appendix I). Place your initials beside all clinical skills/abilities that you have directly observed. This is

just a partial list and a complete list of skills can be acquired from the clinical technique manuals that the students should possess.

- Appendix II, III and IV are designed to help facilitate learning and not meant as a means of grading the student.

### **Expectations of STUDENTS:** **BEFORE THE MENTORSHIP BEGINS**

- Select a qualified clinical mentor(s) in your region based on your strengths, weaknesses, and interests. Contact and confirm this/these potential mentor(s) is/are interested and available to participate in the clinical mentorship program. All potential mentors must be registered in the National Orthopaedic Division database which can be found at [www.orthodiv.org](http://www.orthodiv.org)
- Review with the potential mentor your goals for the mentoring experience and confirm they are congruent with the mentor's abilities and opportunities.
- Complete any additional requirements set out by the clinical facility(ies) in which the mentorship hours will be completed.
- Provide a copy of your college registration and malpractice insurance to your mentor(s).
- Be aware of all relevant College regulations, legislative requirements, and institutional policies related to your intended mentorship experience and take any necessary steps to fulfill them prior to commencing any mentorship hours.
- Discuss any remuneration costs with your mentor prior to the start of your preceptorship (Appendix VI)

### **DURING THE MENTORSHIP PROGRAM**

- Abide by all relevant regulations and policies related to your mentorship experience.
- Perform clinical skills within the scope of practice of your discipline.
- Conduct yourself according to College regulations, relevant legislative bodies, and institutional policies.
- Practice in a safe manner that minimizes risk to patient, self, and others. Be prepared to take appropriate action in emergency situations.
- Communicate verbally and non-verbally, in an effective, professional and timely manner with patients, family members, and other members of the health care team.
- Obtain patient consent and take all required steps to protect patient confidentiality and dignity.
- Maintain a Clinical Mentorship Hours Log Sheet (Appendix V) to document the number of mentorship hours you have completed.

- Complete a Mentee Evaluation Form (Appendix VIII) to provide feedback and guidance to the mentor. This form should be completed at least once during the first half of the planned mentorship period or if you have spent at least 10 hours with the mentor. Unfavorable evaluations should be forwarded to the Mentorship Coordinator
- Maintain a log of clinical knowledge, skills, and behaviours performed/practiced during the clinical mentorship (Appendix I). This is not a complete list but only a log to help keep track of your skills practiced during the mentorship.
- Appendix II, III and IV are designed to help facilitate learning and not meant as a means of grading the student. Therefore, use these tools to help assist yourself with self-learning and clinical reasoning appraisals

### **Additional Information to help assist the Mentors**

1. To help assist the mentors please find in the Appendix a very brief summary of the Manual/Manipulative Techniques. Also, mock scenarios can be requested from Jenn MacMillian ([orthodiv@shaw.ca](mailto:orthodiv@shaw.ca)) but you must be registered in the National Database to obtain these mock scenarios. Finally, any additional manual/manipulative techniques can be found in the Clinical Technique manuals that the students possess.
2. The Subjective and Objective Clinical Reasoning Appendix can be used by the manual therapy student to help the mentor understand their clinical reasoning process.
3. The Education Committee is also recommending the book:  
**Clinical Reasoning for Manual Therapist by Mark A. Jones and Darren A. Rivett ISBN 0-7506-3906-7 and can be ordered at [www.elsevier.ca](http://www.elsevier.ca)**
4. The Assessment of Clinical Skills (Appendix IV) is a tool to help assist the mentor provide feedback to the manual/manipulative therapy student only. It is not designed to assign a grade but as a means of communication and constructive feedback.

## **Appendix**

**Appendix I – Summary/Syllabus of the Manual/Manipulative Techniques (not an exhaustive list, please refer to your manuals or the orthopaedic division curriculum for a full list)**

**Appendix II – Clinical Reasoning after Subjective (self-assessment sheet)**

**Appendix III – Clinical Reasoning after Objective (self-assessment sheet)**

**Appendix IV – Assessment of Clinical Skills (not mandatory to fill out but to be used a means of communicating clinical reasoning assessment skills with the mentor and mentee)**

**Appendix V – Log hours sheet (mandatory and will be necessary to maintain a copy to send for intermediate and advanced exams)**

**Appendix VI – Recommended fee guidelines**

**Appendix VII – Mentorship Application form for National Database**

**Appendix VIII – Mentee/Mentor Evaluation Form (to be completed at least once if a mentee/mentor has spent at least 10 hours with the individual)**

**Appendix IX – Mock Scenario to be used in the clinic setting (will be faxed or emailed to Mentor's clinic upon request from the mentor by contacting Jennifer MacMillan at [orthodiv@shaw.ca](mailto:orthodiv@shaw.ca) )**

**Appendix I**  
**Log of Clinical Knowledge, Skills, Behaviours Performed/Exhibited**

**Mentor :**

**Student Name:**

	<b>Stability tests – Craniovertebral (C-V), cervical, thoracic, lumbar, sacroiliac (SI), shoulder, elbow, wrist, hand, fingers, hip, knee, ankle and foot</b>
	<b>VBI Assessment (including indications and contraindications)</b>
	<b>Accessory movements (assessment and mobilization) – C-V, cervical, thoracic, lumbar, SI, shoulder, elbow, wrist, hand, fingers, hip, knee, ankle, and foot</b>
	<b>PIVMS and PAVMS – C-V, cervical, thoracic, lumbar</b>
	<b>Upper and Lower Quadrant Neurodynamics – Assessment and Mobilization</b>
<b>Manipulations:</b>	
	<b>C-V manipulations: O-A distraction, A-A posterior glide and distraction</b>
	<b>Cervical – flexion, extension, distraction</b>
	<b>Thoracic costo-transverse distraction manipulation</b>
	<b>Thoracic “z” joint distraction manipulation</b>
	<b>Elbow – mill’s manipulation and lateral glide manipulation</b>
	<b>Wrist – dorsal and volar lunate manipulation</b>
	<b>Lumbar – Gap, flexion and extension manipulation</b>
	<b>Hip – distraction and loose body manipulation</b>
	<b>Knee – distraction and loose body manipulation</b>
	<b>Ankle – talocrural “j” stroke manipulation and distraction manipulation</b>
	<b>Foot – navicular and/or cuboid manipulation</b>

**Appendix I**  
**Log of Clinical Knowledge, Skills, Behaviours Performed/Exhibited**

**Mentor**

**Student Name:**

	<b>Exercise prescription – deep neck flexor, core strengthening and any home exercise to compliment a manual/manipulative technique etc.</b>
	<b>Graded Movement Techniques for accessory and physiological mobilizations</b>
<b>Advanced Manipulations:</b>	
	<b>C-V manipulations: O-A distraction, flexion, extension, A-A anterior glide and posterior glide</b>
	<b>Cervical – flexion, extension, distraction, specific and non-specific techniques in the presence of hypermobility and/or instability</b>
	<b>Cervico-thoracic junction- distraction, flexion and extension</b>
	<b>Thoracic – distraction, flexion, extension</b>
	<b>Thoracic-lumbar junction – distraction, flexion and extension</b>
	<b>Lumbar – with the presence of instability and/or hypermobility for flexion, extension and gap</b>
	<b>SI joint- unilateral gap, anterior/posterior innominate, inferior manipulation, unilateral sacrum nutation/counternutation</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>
	<b>Other: Describe: _____</b>

## Appendix II

### Questions to be completed after the subjective assessment.

1. Is the disorder suited to further Manual Therapy? Y N
2. What is the dominant presenting symptom (s)?
3. What is the average level of severity of any symptom of pain  
Mild Moderate Severe  
Or  
No Pain \_\_\_\_\_worst imaginable pain
4. What is the commonest cause of exacerbation resulting in increased pain
5. What level of severity can be reached due to exacerbation  
Mild Moderate Severe
6. What methods and how long to ease the pain
7. What is the clinically perceived level of irritability  
None Mild Moderate Severe
8. What is the degree of disability  
None Mild Moderate Severe
9. Is there any indication of abnormal or excessive illness or pain behavior Y N
10. Will you carry out a scan and/or detailed physical examination? Y N

## Appendix III

### Questions to be completed after the objective assessment

1. Do the physical examination findings correlate with the degree of severity of the presenting symptoms. Y N
2. What is your biomechanical diagnosis – rationale
3. What is the stage of the disorder - acute vs chronic
4. Is the disorder suited more to MT treatment by clinician intervention or to prescribed patient intervention? MT      Client      Combination
5. List the goals of treatment.
  - 1-3 weeks
  - future
6. List the treatment plan –
  - 1-3 weeks
  - future
7. Detail treatment
  - Manual therapy
  - Exercise
  - Education

- Other

8. Is the prescribed treatment evidenced based – examples

9. What is your predicted outcome? - Short term  
- Long term

## Appendix IV Assessment of Clinical Skills

<b>Clinical Condition</b>	
<b>Clinical Reasoning Skills</b>	
<b>Assessment Treatment Technique Performed</b>	
<b>Mentor's Feedback on performance</b>	
<b>Student's Feedback on performance</b>	

<b>Agreed areas for development</b>	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Mentor Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Mentee Name**

\_\_\_\_\_  
**Date**

### Appendix V: Clinical Direct Mentorship Hours Log Sheet

CLINICAL HOURS COMPLETED	DATES OF SUPERVISION	FACILITY NAME PHONE #	SUPERVISOR NAME (Print)	SUPERVISOR SIGNATURE	DATE SIGNED

**Total number of direct clinical hours completed:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_  
(Print) (Signature)

### Appendix V: Clinical Indirect Mentorship Hours Log Sheet

INDIRECT CLINICAL HOURS COMPLETED	NATURE OF STUDY	WITNESS NAME (print)	WITNESS SIGNATURE	DATE SIGNED

**Total number of Indirect clinical hours completed:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_  
(Print) (Signature)

## **Appendix VI Fee Guidelines for Mentorship**

The following is the **suggested** guidelines for mentorship payment which is paid by the student directly to the mentor.

All financial transactions should be discussed clearly and professionally with the student and the orthopaedic division strongly encourages that all fees charged to the student for mentorship are designed to help minimize any lost income by the supervising mentor and not as a means of profit.

Direct Clinical Hours Only:

1:1 student: mentor ratio = \$50.00/hour maximum

2:1 student: mentor ratio = \$60.00/hour maximum

3:1 student: mentor ratio = \$70.00/hour maximum

4:1 student: mentor ratio = \$80.00/hour maximum

The Orthopaedic Division strongly recommends that a receipt for “services paid” be provided to the manual/manipulative therapy student for proof of payment after the mentor has received full monetary compensation.

**Appendix VII**  
**Mentorship Application Form**  
**(Only for those physiotherapists who have successfully completed the**  
**Canadian Intermediate Certificate (2010 and earlier), Advanced Diploma or**  
**the Clinical Masters from Western ONLY)**

Name:

Address:

City:

Province:

Postal Code:

Phone # (clinic and/or home):

Email:

Current Member of CAMPT: YES    NO

Intermediate Certificate (year obtained): \_\_\_\_\_

Advanced Diploma (year obtained): \_\_\_\_\_

UWO Clinical Masters (year obtained): \_\_\_\_\_

Please email the above registration form to Jennifer MacMillan at  
[orthodiv@shaw.ca](mailto:orthodiv@shaw.ca) or fax to 250-472-4237



[www.orthodiv.org](http://www.orthodiv.org)

## Appendix VIII

### Mentee Mid-point Relationship Evaluation

1. My Mentor and I have been meeting for (how long/how many hours)

2. We have been able to agree on the terms of our relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We have been able to finalize a learning plan and mentoring agreement

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I feel we have established the level of trust needed for an effective relationship to grow

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I believe if I or my Mentor had issues/concerns or obstacles, these would be brought forward and addressed with openness and desire to work toward resolution

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I believe we are making real progress on setting realistic, attainable goals and steps are being taken to achieve goals

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I feel that I am gaining personally and/or professionally from the relationship

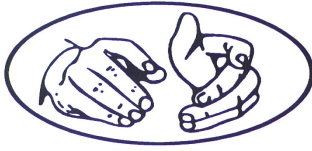
Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 5 things I believe are going well in our mentoring relationship

- 1.
- 2.
- 3.
- 4.
- 5.

9. Areas I would like to see improved in our mentoring relationship

- 1.
- 2.
- 3.
- 4.



## Appendix VIII

# Mentor Mid-point Relationship Evaluation

1. My Mentee and I have been meeting for (how long/how many hours)

2. We have been able to agree on the terms of our relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We have been able to finalize a learning plan and mentoring agreement

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I feel we have established the level of trust needed for an effective relationship to grow

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I believe if I or my Mentee had issues/concerns or obstacles, these would be brought forward and addressed with openness and desire to work toward resolution

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I believe we are making real progress on setting realistic, attainable goals and steps are being taken to achieve goals

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I feel that I am gaining personally and/or professionally from the relationship

Strongly Disagree	Disagree	Slightly Disagree	Undecided	Slightly Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 5 things I believe are going well in our mentoring relationship

- 1.
- 2.
- 3.
- 4.
- 5.

9. Areas I would like to see improved in our mentoring relationship

- 1.
- 2.
- 3.
- 4.

## **Appendix IX**

**Mentors please contact Jennifer MacMillan for a copy of the mock exams  
These are meant as a learning tool for the mentees and thus the mentors  
are asked NOT to supply a copy of the mock scenarios to those  
challenging any portion of the practical exams.**