

## Clinical Mentoring

Mentoring as a process is aimed at transferring knowledge and skills and also providing psychological support and assisting personal development. The process enables more experienced people (mentor) to nurture and assist in the development of the less experienced person (the mentee) where the desired outcome is learning from both partners (CSP, 2002). The mentor works in partnership with the student, with colleagues and with the university's link tutors to achieve the clinical placement learning outcomes. The role of the clinical mentor may also be part of the summative assessment of the student's learning within clinical practice. Summative assessment is the formal clinical examination of the student that determines whether or not they have successfully achieved the learning outcomes and passed.

### Student participation in the learning process

The programme aims to enable the student to develop a reflective approach to physiotherapy practice, the ability to transfer skills and knowledge across specialities and a commitment to life long learning. In order to achieve this, the teaching and learning strategies employed help the student to develop as a self-directed learner.

### Learning Contract

A learning Contract is an agreement between the student and the clinical mentor that specifies in detail the:

- Learning objectives.
- Resources and strategies needed to accomplish the objectives.
- Evidence needed to demonstrate the objectives have been accomplished.
- Specific criteria for evaluation.

The rationale behind the use of learning contracts in clinical education is based on adult learning principles. It is the main mechanism in enhancing self-direction by promoting personal involvement and self-evaluation. This could also relate to areas of professional development, linked to your own existing CPD portfolio.

The aims of the learning contracts are to:

- Identify learning needs and present them in a structured context.
- Provides the format to convert learning needs to learning outcomes.
- Provides a plan in which to access learning activities.
- Help bridge the theory-practice gap.

### Identification of learning objectives

Having reviewed prior learning and the development needs, a selective list of learning objectives are produced. This is considered in light of the clinical placement learning outcomes. It may be appropriate to cover half a dozen or so learning objectives highlighted as needing development from previous study/practice placements.

Learning objectives considered need to be **SMART**

- **Specific** eg "I will complete a subjective and objective examination in 40 mins rather than "I will be able to assess...."
- **Measurable** (observable practice with sound underpinning knowledge base demonstrated)
- **Achievable/Agreed**-is it reasonable to expect a full subjective and objective examination of the level/detail required in 40 mins.
- **Realistic** ( relevant to practitioners experience, with in the available time; opportunities/resources in place/identified )
- **Time limited** (achieved within an agreed time scale

A learning contract needs to be discussed and agreed between the student and the clinical mentor very early on in the placement. The learning contract will not be assessed, but will remain the property of the student. It can form part of the student's CPD portfolio as evidence of their continuing professional development. In negotiating and fulfilling a contract the student is more active in the learning situation over which they have a degree of control. However it also invests students with greater responsibility. Sharing the responsibility requires the student to work in partnership with the

clinical mentor to achieve a successful learning outcome. Establishing a mutually supportive relationship and defining parameters right from the start allows for maximum use of the time available.

### **Facilitating Reflective Practice**

The process requires the need for self-analysis of the student's own learning needs and is part of the reflective process aiming to answer the questions:

- Where have I been? (Previous learning outcomes)
- Where am I now? (Current learning needs)
- Where do I want to go next? (New learning goals)
- How will I get there? (Strategies and resources)
- How will I know I've arrived? (Evaluation)

### **Role of the Clinical mentor**

- To formulate a learning contract with the student within the first week of the clinical placement.
- To facilitate the use of appropriate learning resources available in the department.
- To support the student with their learning contract with respect to the learning outcomes.
- Each student has the right to a safe placement environment conducive to learning and to be treated in accordance with all applicable legislation e.g. The Special Educational Needs and Disability Act 2001, Race Relations Act and Equal Opportunities.

### **Role of the Student**

- By a process of mutual negotiation and discussion early in the placement, the student should identify specific learning needs and set personal goals and objectives with the clinical mentor.
- By the end of the first week, the negotiating process should result in the drawing up of a learning contract that is the personal responsibility of the student.
- The student is responsible for the monitoring of their progress in achieving the learning outcomes. This can be supported by the recording of new skills acquired and specific key incidents from which they have learned.
- Throughout the programme, students are expected to adhere to the Rules of Professional Conduct (CSP, 2000).

There are a variety of different techniques that can enhance clinical reasoning, and improve manual handling.

### **Observing the student**

Watching students assess new patients and follow up review patients provides an opportunity to give constructive criticism. The following points may be of help:

- Make notes to allow you to give accurate feedback
- Agree with the student beforehand whether you are going to give them time reminders, stop them if they overrun, or interrupt.
- Encourage them to go out after the subjective assessment and fill in a clinical reasoning sheet
- If the other student is also watching the assessment, encourage them to make notes also.
- Encourage the student to fill out another clinical reasoning sheet after the objective assessment
- Question the student after the assessment on the points in the clinical reasoning sheets. Encourage them to justify their answers.
- Remember that the students are often nervous. Our role is to facilitate, not intimidate!
- Grade the difficulty of questioning to the student's level, bearing in mind the type of placement they are on.

- Following the questioning, feedback on the overall performance. Try to give positive as well as negative feedback where possible.
- Where possible try to encourage the students to self evaluate their performance e.g. do you feel that you fully established the irritability?
- Where another student has observed the assessment, involve them in the discussion e.g. are there any other questions you would have asked?

### **Students observing the clinical educator**

Students often request this, and it can be a useful learning aid. Try and incorporate a clinical reasoning exercise into the observation by:

- Stopping at certain points throughout the subjective assessment, and getting the students to write down their thoughts on, for example, the SIN factor.
- Following the subjective assessment, get the students to write down an objective, which you carry out.

### **Practice sessions**

Time may be booked off to practice handling skills. If following observation of the students with patients, certain testing procedures or techniques are felt to require practice, these can be identified and the student asked to work on them in the next practice session.

### **Clinical Reasoning and Planning Sheets**

These sheets have been devised and adapted to help unpick the students' clinical reasoning skills. Completion of these should help you get a clearer insight into the thoughts of the student as they determine the key clinical indicators from subjective assessment, objective examination and any intervention. Common threads may appear and conceptual gaps in the students' knowledge base may allow you some direction in feeding back on practice performance. They can be used both as development strategies on self critique or tools for tutorial purposes.

**An example of a Learning Contract**

Learning objective (Example)	Resources and Strategies (what do I need to achieve this learning objective)	Evaluation (How will I know?)	Out come at mid-way	Outcome at end of placement
<p>To be able to identify red flags during a subjective assessment and to be able to act on any positive findings in accordance to departmental protocol- by week 2</p>	<p>CSAG guidelines Departmental protocols Lecture notes Relevant texts and journals Shadow clinical specialist One to one tutorials Spinal patients</p>	<p>Document appropriately all risk factors and identified red flags</p> <p>Questioning more searching in clearing red flags</p> <p>Follow up more specifically any risk factors to clear.</p> <p>Appropriate referral to consultant with relevant details documented</p> <p>Other methods of evaluation could include: Peer review Critical incident analysis</p>	<p>Achieved partially- still need prompting from guidelines. Need more practice? To arrange with clinical mentor more spinal assessments</p>	<p>Achieved week 3</p>

**Physical examination planning form**

	symptom	symptom	symptom	symptom
Is it severe?				
Is it irritable?				
Will you move: -short of production -point of onset/ increase in resting symptoms -partial reproduction -total reproduction				
How will you reproduce symptom: - repeat - alter speed - combine - sustain - other (state)				

<p>Are there any precautions or contraindications?                      Yes    No</p> <p>State</p>
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<p>What other factors contributing to the patient's symptom(s) need to be examined?</p>
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**Treatment and management planning form**

What subjective and physical reassessment asterisks will you use?

Subjective	Physical

What is your treatment plan for the:

Source of symptoms	Contributing factors

What are your goals for discharge?

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**Indepth clinical reasoning form**

At the end of the subjective examination start to complete the form. At the end of the physical examination answer the questions in **bold**.

1.1 Source of symptoms

symptomatic area	structures under area	structures which can refer to area	supporting evidence

1.2 What is the mechanism of each symptom, explain from information from the subjective and **physical examination findings**

	symptom:	symptom:	symptom:	symptom:
subjective				
<b>physical</b>				

1.3 **Following the physical examination what is your clinical diagnosis**

**2. Contributing factors**

2.1 What factors need to be examined/explored in the physical examination?

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**2.2 How will you address each contributing factor?**

**3. Precautions and contraindications**

3.1	Are any symptoms severe? Which symptoms and explain why	Yes	No
3.2	Are any symptoms irritable? Which symptoms and explain why	Yes	No

3.3 How much of each symptom are you prepared to provoke in the physical examination?

Symptom	Short of P1	Point of onset or increase in resting symptoms	Partial reproduction	Total reproduction

3.4 Will a neurological examination be necessary in the physical?    yes    no    Explain why?

3.5 Following the subjective examination are there any precautions or contraindications?  
yes    no    Explain why?



**4. Management**

4.1 What tests will you do in the physical and what are the expected findings?

Physical tests	Expected findings

<p><b>4.2</b> <i>Were there any unexpected findings from the physical? Explain</i></p>
<p><b>4.3</b> <i>What will be your subjective and physical reassessment asterisks?</i></p>
<p><b>4.4</b> <i>What is your first choice of treatment (be exact) and explain why?</i></p>
<p><b>4.5</b> <i>What do you expect the response to be over the next 24 hours following the first visit? Explain</i></p>
<p><b>4.6</b> <i>How do you think you will treat and manage the patient at the 2nd visit, if the patient returns:</i></p> <p><b>Same</b></p> <p><b>Better</b></p> <p><b>Worse</b></p>

**4.7**    *What advice and education will you give the patient?*

**4.8**    *What needs to be examined on the 2nd and 3rd visit?*

2nd visit	3rd visit

**5**    **Prognosis**

5.1    List the positive and negative factors (from both the subjective *and physical examination findings*) in considering the patient's prognosis?

	positive	negative
subjective		
<i>physical</i>		

**5.2**    *Overall is the patient's condition:*

*improving    worsening    static*

**5.3**    *What is your overall prognosis for this patient? Be specific*

**6. After third attendance**

6.1 Has your understanding of the patient's problem changed from your interpretations made following the initial subjective and physical examination? If so explain.

6.2 On reflection, were there any clues that you initially missed, mis-interpreted, under or over-weighted? If so explain.

**7. After discharge**

7.1 Has your understanding of the patient's problem changed from your interpretations made following the third attendance? If so explain how.

## References

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