

MCP Assessment Formular: Checkliste Mentored Clinical Practice

Dear clinical mentor and OMT Student,

This document provides you with a guideline checklist for assessment during clinical mentoring. Please also refer to the modul learning outcomes and marking criteria when assessing during clinical mentoring. It is not necessary that all parameters are demonstrated and assessed during all Blocks. For example where the setting is not interdisciplinary it may not be appropriate or necessary to communicate with other health care professionals during the period of mentoring so that this cannot be assessed. If you cannot give an opinion on a certain aspect or behaviour due to lack of knowledge or inadequate opportunity to observe this during mentoring please note this too.

Use the comments boxes to identify areas of particularly good performance and areas which need improvement. Please support your statements with examples and give suggestions on how improvement may be attained. This list is not exhaustive and you are free to document and discuss any other relevant findings in the text fields.

You may find it helpful to refer to the learners log book before, at the end of after or during the clinical mentoring block. This contains information concerning the assessments of prior blocks and consequent action plans. Grading is only necessary for blocks 1, 2 and 4. Block 3 should not be graded. Free text fields should be filled out for all Blocks. The forms for Blocks 1, 2 and 3 are the same. Block 4 is assessed summative and therefore has a slightly different form. Your grading and comments should reflect typical behaviour over the whole Mentoring Block. They should not refer to single incidents or events that are not typical for the learner unless they are of undue concern to you. The forms may be filled by hand or in a word document. It must be submitted by the OMT Student as a paper-based, signed copy to the Chairperson of the OMT-DVMT® Educational Committee immediately on completion of the mentoring Block. The mentor may be confidentially asked to expand on his / her appraisal.

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Subject	Commentary and Notes
<p>Procedures Rx 1 C/O</p>	<p>Volume and length of the C/O is appropriate to the problem. Demonstrates adequate time management Patients main problem ascertained Goals of the patient ascertained Body chart completed 24 h behaviour – enough *, valid *, if possible at least one * per separate symptom area. History – relevant past and present Hx established. Does not lose themselves in detail. Special questions are relevant and focused on the individual problem</p>
<p>Procedures Rx 1 Plan P/E</p>	<p>Reflects on the completeness of C/O Uses the information to generate and evaluate relevant hypotheses concerning: - source or sources of the problem - irritability and strength of symptoms - stadium and stability of the problem - contraindications or precautions - contributing factors Makes relevant dosage decisions Plans sequence of examination appropriately. Prioritizes examination procedures for the first session. Collects information from other sources as necessary (e.g. patient's notes, operation reports, other health care professionals involved, clinical guidelines, literature)</p>
<p>Procedures Rx 1 P/E</p>	<p>Volume and length of the P/E is appropriate to the problem. Demonstrates adequate time management. Is efficient and logical. Ascertains „present pain“ Inspection is purposeful. Corrects if appropriate. Differentiates if appropriate Performs a functional demonstration appropriately, precisely and safely. Differentiates structures and movement directions as appropriate Selects, performs and interprets a relevant active movement assessment appropriately, precisely and safely. Selects relevant measures. Differentiates if appropriate. Selects, performs and interprets active „if appropriate“ tests appropriately, precisely and safely as necessary (e.g. overpressure, repeated movements, sustained movement etc) Selects, performs and interprets relevant muscle function tests appropriately, precisely and safely Selects, performs and interprets relevant special tests such as neurological tests, vascular tests appropriately, precisely and safely Selects, performs and interprets passive physiological movements appropriately, precisely and safely. Including instability tests. Selects, performs and interprets neural tissue sensitivity tests appropriately, precisely and safely. Neural mobility tests and palpation Selects, performs and interprets soft tissue palpation appropriately, precisely and safely Uses and interprets movement diagrams appropriately Selects, performs, interprets and justifies a relevant trial treatment. This may be using passive manual therapy techniques, active exercises, passive modalities, advice etc, etc. Selects and applies an adequate amount of relevant reassessment procedures and outcomes instruments. Summarises findings to the patient and formulates a management plan Warns the patient of possible reactions to treatment and requests him to observe the reaction</p>

Planning and implementing follow up treatments	Reassesses results of previous treatments adequately Reflects on and adapts established hypotheses Complements the C/O and P/E with further questioning and tests and can justify their use Selects and progresses treatment techniques and strategies appropriately and can justify their use Screens for the involvement of other structures of the movement system adequately Integrates and justifies the treatment of other involved structures appropriately Screens for psychosocial components adequately Integrates self management strategies appropriately and can justify their use Integrates other physiotherapeutic modalities appropriately and can justify their use Appreciates the role of other health care professionals and is able to involve them in the treatment where necessary (Doctor, occupational therapist, psychologist etc) Demonstrates adequate time management
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Clinical Reasoning	Clinical reasoning is hypothesis driven Demonstrates a biopsychosocial approach and awareness of the effects of psychosocial aspects of the problem (positive and adverse) Integrates relevant scientific evidence into treatment decisions Demonstrates reflection in action and reflection on action
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Communication	<p>With patients:</p> Introduces himself Explains procedures and integrates the patient in decision making. Obtains informed consent. Listens Allows the patient time to express thoughts and feelings or to ask questions Effectively uses questions to obtain accurate and adequate information Generally uses open questions. Is not suggestive or leading. Responds to verbal and non verbal cues Gives understandable information without using jargon Discusses findings and treatment plan Speaks good German at the appropriate level for the patient Uses non verbal communication to encourage the patient <p>With colleagues and other health care professionals</p> Documents assessment and treatment clearly and in an understandable manner Documentation is legible, signed and dated Writes treatment reports to other health care professional clearly and understandably Verbal communication is clear, precise and intelligible
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Professionalism	<p>Towards patients:</p> Is respectful and polite Establishes trust, rapport and shows empathy Demonstrates a caring manner Respects privacy and confidentiality and is sensitive to the patient's comfort and modesty Is unprejudiced Keeps appropriate professional distance Is aware of relevant legal and professional frameworks within the German Health Service Is aware of his own limitations <p>Towards colleagues:</p> Takes proper responsibility Is unprejudiced <p>Towards other health care professionals:</p> Respects the roles of others Works constructively in a team
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	<p>General:</p> <p>Can manage time and prioritise appropriately</p> <p>Uses resources appropriately e.g.</p> <p>Has a general professional manner</p> <p>Dresses appropriately</p>
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Commendations. Areas of particular merit	Areas which need improvement
Please note general areas of particularly good performance here	Note areas needing improvement here

<p>Recommendations and action plan</p> <p>In cooperation with the OMT student, the mentor should develop a plan for further development in areas needing improvement.</p> <p>The suggestions may be for example that:</p> <p>A number of treatment documentations / cases could be sent to the mentor before the next Block</p> <p>The OMT student should treat more patients with a particular disorder before the next block</p> <p>The OMT student should undergo some extra clinical mentoring</p> <p>The OMT student should practice documentation “real time”</p> <p>The OMT student should take time to use the “reflection and clinical reasoning form” with 2 patients a week</p> <p>The OMT student practices certain techniques or uses certain techniques more often (functional demonstration, muscle function...)</p> <p>The OMT student should revise certain aspects of theory</p> <p>The OMT student should search for evidence relevant to a particular problem</p> <p>The OMT student search for relevant assessment instruments for a particular problem</p> <p>etc</p> <p>The mentor may agree to further support the OMT student. This is outside of the OMT-DVMT® curriculum and remuneration must be agreed between the mentor and OMT student.</p> <p>The suggestions in the action plan are not binding. It is the responsibility of the OMT student to work on areas needing improvement.</p>
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Mentor's signature	Candidate's signature