Mentor Session Prep Form

Resident:

Mentor:

Date of Mentor Session:

Setting: Acute   Inpatient Rehab   Outpatient

Initial Evaluation OR   Follow Up Treatment with Session #_____

Resident's Goal for THIS mentoring session (mandatory to fill out):

ICF Model Reasoning Form

Reason for Referral: (Client's Age etc)
Medical Condition and why PT is appropriate:
Past Medical History/Co-Morbidities and implications for PT:
Medications and implications for PT:
Lab Values and/or Diagnostic tests you would want to look at and rationale:
PT Session Timing Considerations: (medications/fatigue/etc)
Anticipated barriers to session and Plan B Considerations:

Activity Limitations (What Activities do you Expect this patient to have difficulty with?	
Activity	Expected or Current Performance Status

Expected Impairments (Body Function/Structure) (please list out all impairments related to your patient case that you expect or have already evaluated)	Examination Technique/ Expected results	Interventional Focus

Please List Out 2-3 Functional Outcome Measures You could use with this patient to measure change over time (this may include patient reported outcome measures).

Outcome Measure and which ICF model it assesses	MCD/MCID/Validity and Reliability

Contextual Factors that Patient Brings to Table:

Environmental:

Personal:

Discharge Planning/Insurance/Compliance/Equipment Considerations

Multidisciplinary Involvement/Referrals

<u>Red Flags/Special Considerations:</u>

Applicable Literature/Supporting Evidence: *AMA citation

What uncertainties/struggles specific to this patient are you concerned about?

What challenges do you anticipate having and how do you plan on responding to them?

How do you see the mentor's role in this session? (observe, assist, jump in only if necessary, etc)