

**Fellowship Form 03**

***Assessment of Fellow in Training (FiT)***

**Please provide your LAST Name:** Click or tap here to enter text.

**Please provide your FIRST Name:** Click or tap here to enter text.

**Please choose your full credentials (please make sure to include your FAAOMPT credentials):**

Click or tap here to enter text.

**Fellow name:** Click or tap here to enter text.

**What dates does this assessment cover (month/day/year):**

Click or tap here to enter text. through Click or tap here to enter text.

**How many 1:1 mentored hours with the FiT in the lead of care does this assessment cover? Please be exact as this # must match up with your FiT’s entry. Also note that FiTs must have 150+ hours of 1:1 mentorship in direct patient care, with at least 130 of these hours with the FiT in the leading of care.**

Click or tap here to enter text.

**How many 1:1 mentored hours took place in this assessment period with the FiT observing his/her FAAOMPT credentialed mento**r**?**

Click or tap here to enter text.

**Use the following description to help in assessing the FiT’s skills level as at “Fellow Level”; “Appropriate FiT Progress”; or “Significant Improvement Needed”. It is expected that many FiT’s are not performing at the “FAAOMPT” level early in their 1:1 experiences, but the number of skills where FiTs are noted to be performing at “FAAOMPT” level will increase with progression through the program. Do not hesitate to mark “Significant Improvement Needed” if that is the best description of the FiT’s performance.**

**Grading Criteria**

**Fellow Level:**

* Able to complete the client management in the designated time frame with arguably the best course of management in the context of evidence-based practice including the client's individual circumstances.
* Did not require prompts from the mentor to stay the best vs. a "good" course of management. (NOTE: in the case of a live patient examination, this interaction would likely take place after the actual client management during discussion between fellow and mentor)
* Demonstrates superior knowledge of current "best evidence" with regards to the client management case. For example, demonstration of best evidence outside of just the sources presented in program coursework, in addition to full and in-depth knowledge of the evidence presented within the program coursework.
* Demonstrated excellent patient handling skills throughout the examination and includes manual physical therapy skills in both the patient examination and in direct interventions.
* Demonstrates highly honed communication skills with the patient throughout the examination and intervention process.
* Demonstrated application of best evidence in a particularly difficult client case. This case difficulty may be determined by extenuating client circumstances, co-existing psychosocial issues, comorbid medical conditions, and other contributing medical aspects not "commonly" encountered.
* Demonstrates use of sound clinical decision-making model that integrates: current evidence, pain sciences knowledge, use of the "signs and symptoms" based model for decision making, patient values, understanding of the impact of available resources on (time, financial, medical, insurances, etc.) when planning for overall patient management.

**Appropriate FiT Progress:**

* Requires occasional cues
* Progressing appropriately given feedback from mentorship hours
* Able to complete the client management in the designated time frame roughly 50% of the time with the best course of management in the context of evidence-based practice including the client's individual circumstances.
* Progressing in patient handling skills throughout the examination and interventions
* Demonstrates sound clinical decision-making in more simplistic cases. Case difficulty may be determined by extenuating client circumstances, co-existing psychosocial issues, comorbid medical conditions, and other contributing medical aspects not "commonly" encountered.
* Demonstrates knowledge of the current “best evidence” for client management.

**Significant Improvement Needed:**

* Unsafe practice that produced or could produce harm to the client or therapist - any such action results in the immediate cessation of the client management by the fellow. For example, did not perform neurovascular examinations when needed, did not adequately screen for medical red flags, performed techniques in a way that posed danger to the patient, etc.
* Required more than 2 prompts to stay the best course of management.
* Unable to complete the client management in designated time frame i.e. unable to complete a portion of what is deemed essential to the case in a normal client time slot secondary to inefficiencies.
* Did not complete best course of client management because of an omission of appropriate re-assessment.

**Communication Skills: The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) with the patient. This may include but is not limited to effectively using open ended vs. closed ended questions, effectively utilizing information gathered from the patient to plan the examination and treatment, and effectively instructing exercises to enhance compliance.**

**Please rate the Fellow in Training’s (FiT’s) communication skills at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s communication skills at the time of assessment.**

Click or tap here to enter text.

**Hypothesis Development: The ability to gather information from the examination and synthesize that information with current best evidence in order to develop a working hypothesis for the patient's presentation. The region of dysfunction should be defined as specifically as possible so that the most appropriate treatment can be established.**

**Please rate the Fellow in Training’s (FiT’s) hypothesis development at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s hypothesis development at the time of assessment.**

Click or tap here to enter text.

**Appropriate Treatment Progression: The ability to establish an appropriate management strategy according to the working hypothesis and the current biobehavioral status of the patient. Also, the ability to appropriately progress the intervention according to patient response and additional. information gathered during the examination process.**

**Please rate the Fellow in Training (FiT’s) appropriate treatment progression at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s appropriate treatment progression at the time of assessment.**

Click or tap here to enter text.

**Discharge Planning: The indication that the intervention is appropriately aimed at the patient eventually being able to function at a level that has met the goals of the therapist and the patient; and requires no additional clinic visits.**

**Please rate the Fellow in Training (FiT’s) appropriate discharge planning at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s discharge planning at the time of assessment.**

Click or tap here to enter text.

**Exercise Prescription: The indication that prescribed exercises are individualized to each patient according to presentation of dysfunctions, success of treatment and patient's response to the exercise. Materials (i.e. handouts, teaching aides) that are utilized to reinforce the exercises are also an important aspect of the exercise prescription.**

**Please rate the Fellow in Training (FiT’s) appropriate exercise prescription at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s exercise prescription at the time of assessment.**

Click or tap here to enter text.

**Technique Performance: The ability to perform interventions demonstrating proper patient and therapist positioning, hand placement, body mechanics and amplitude and velocity of the technique.**

**Please rate the Fellow in Training (FiT’s) technique performance at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s technique performance at the time of assessment.**

Click or tap here to enter text.

**Critical Thinking: The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.**

**Please rate the Fellow in Training (FiT’s) critical thinking at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s critical thinking at the time of assessment.**

Click or tap here to enter text.

**Effective Use of Time: The ability to obtain the maximum benefit from a minimum investment in time and resources.**

**Please rate the Fellow in Training (FiT’s) effective use of time at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s effective use of time at the time of assessment.**

Click or tap here to enter text.

**Problem Solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.**

**Please rate the Fellow in Training (FiT’s) problem solving at the time of assessment according to the above described grading criteria.**

[ ]  Fellow Level

[ ]  Appropriate FiT Progress

[ ]  Significant Improvements Needed

[ ]  N/A – Observation Hours Only

**Please provide any comments related to the FiT’s problem solving at the time of assessment.**

Click or tap here to enter text.

**Fellows-in-Training need to demonstrate appropriate use of both thrust manipulation techniques and non-thrust techniques in direct patient care. Please check off below to verify that you used thrust techniques and non-thrust techniques in direct patient care sometime during your 1:1 mentored hours that are covered by this form.**

[ ]  Please check to verify that the FiT used thrust techniques in direct patient care.

[ ]  Please check to verify that the FiT used nonthrust techniques in direct care.

**Please provide any other feedback or comments here:**

Click or tap here to enter text.