

AT Mentor Competency Training for a New AT Hire

Courtesy of Steve Allison, ATC, Divine Savior Health Care in Portage, Wisconsin

3 Month Learning Objectives

Month 1 Orientation

- Identify and introduce to a staff mentor
- Establish weekly meetings with mentor 2-3x's/week.
- Equipment in Rehab Gym
- Staff Introductions
- Phone/Copy Machine/Fax/Mail
- Email set up
- Supply room tour
- Stocked vs. consignment DME Items
- Check requisition
- Continuing Education
- Intro to clinical outcome tools
- Learn patient scheduler
- Utilization of rehab aides
- Intro to insurance authorization process
- Intro to Home exercise program (Exercise Pro)
- Introduction to EMR
- Learning to navigate Chartlinks
- Daily Notes
- Evaluation
- Plan of care
- Chart Notes
- Medical Alerts
- Use of staff shared drive
- Shadow patient care from multi-disciplines in rehab.

Month 2 Orientation

- Identify Documentation Skills needed
- Read/review Evaluation, POC and Daily Notes of other clinicians
- Scribe for other clinicians and review documentation.
- Clinical Evaluation Competency
- Observe several clinical evaluations from multi-disciplines
- Perform a "Mock" evaluation while observed
- Utilize outcome tool
- Gather subjective History
- Identify possible comorbidities

- Perform appropriate special orthopedic testing
- Obtain objective data
- Assessment
- Plan
- Perform live evaluation with patient while observed.
- Review the evaluation and treatment plan with mentor
- Perform treatment of scheduled patients
- Continue weekly meetings with mentor to discuss patient treatment and progression.
- Orientation to PACS
- Gain access/password.
- Instruction to successfully navigate PACS
- Perform weekly documentation reviews with mentor.

Month 3 Orientation

- Transition to independent clinical care.
- Continue weekly meetings with mentor to discuss/review patient case load, discuss patient progression, address clinical deficiencies/further clinical mentoring
- Celebrate success stories

Note: The guidelines outlined are not firm time frames. The progression of the clinical AT may exceed these time frames or lag somewhat behind. Progression should be tailored to needs of the new hire.