

Dear Editors,

I am writing in regards to the new mentorship hours for both the Intermediate Certificate and the Advanced Diploma. I feel that the proposed requirement is long overdue, but have concerns with the activities which may count as hours towards the total requirement.

Although not officially required at the time, there were many Orthopaedic Physical Therapists in Canada who completed the previous system who had supervised clinical hours prior to sitting the A and B exams, and found that this was the best way to learn clinical reasoning. An expert is an individual with not only knowledge, but also experience; experience comes from practical application of learned techniques and subsequently mistakes at times are made. Through mentorship, these mistakes in technique or reasoning can become learning experiences, ensuring professional growth to the future benefit of patients, the clinician and the Education System. Although knowledge is more easily quantified in case reports, when using mock patients and in examinations (especially multiple choice), practical experience required for clinical reasoning is not gained.

My concern lies in the lack of structure for the proposed supervised hours. I have heard that this required time is planned to be used as one-on-one mentoring to teach and review techniques (i.e. teacher/student/no client). Should the clients not be the main focus of this project? I am especially concerned with the accepted use of official hours prior to completion of the Advanced Examination (B's). Although I believe mentorship is also very important prior to the Intermediate Examination (A's), spinal manipulation techniques are not part of the intermediate curriculum. As a group in the very politically driven area of spinal manipulation, we should be extremely cautious in implementation of all aspects of our Education System related to this practice. It is my opinion that during these proposed supervised hours for the completion of the Advanced Examination (B's), the mentors should be reviewing clients and ruling in or out (based on indications, contraindications and experience) the use of spinal manipulation. If manipulation is not indicated, they should be suggesting other techniques. This is how we treat daily. The choice to use another technique is based not only on the subjective and objective examination as is instructed and examined, but becomes an innate skill which can only be learned from clinical experience. Ideally, part of this clinical experience is through mentorship.

If we use this allotted time as a means to get one-on-one education without a client, we cheapen the System which we are creating. The System is being brought in **not** because it is what is done everywhere. The system is **not** being brought about because it is a requirement of IFOMT membership. The system is being implemented because in order to survive in this day and age of clinical reasoning, one must reason. To reason, one needs experience, and to get this experience the guiding hand of someone who has done it before is required. Although demographics and time requirements may make completion of these hours a challenge to some, it is in the best interest of our profession, the individual clinician and especially our patients to use these hours as an actual mentorship with 'real' clients involved. We need to be true to our chosen profession and do the best we can as students, teachers and clinicians, and we may then be confident that individuals have made the right choice every time they choose a physiotherapist over another profession for therapy.

I encourage your feedback and comments to these issues. I would also encourage the body of therapist who will participate in the clinical mentorship to take into account the difficulty in completion of these hours. If we could be accommodating with respect to cost, availability or options, this would help the profession at large.

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