

SUGGESTION SHEET – Increasing Efficiency in the Multiple Mentoring Model

- Be explicit when providing supervision and feedback
- Always provide rationale and justification for clinical decisions so that students understand the reasoning process.
- Expect the students to provide explicit detail of their own clinical reasoning in order to take on the level of responsibility that they rapidly do.
- Review each students' treatment plans and goals prior to their implementation.
- To reduce clinical educator time spent reviewing and revising draft treatment plans it can be helpful to develop and establish systems and processes to assist the students with thinking and learning.

“Our clinic has developed a “mud-map” for structuring information for report writing, as well as a comprehensive “parent-interview” package for guiding the student on approach, structure and content of interviews for parents with children of age-specific groups”. (J, Copley, personal communication, May,24, 2007)

- The multiple mentoring model requires students often with very different personalities to work closely together. At times it may be necessary to

“challenge the student to confront aspects of themselves that is affecting performance or progress. This could be a difficulty trusting their ability or knowledge, or the introverted or extroverted personality that affects working in teams or with different personalities. Such confrontation can lead to crisis. However if we then support them to deal with these aspects of self, they will overcome the crisis and constructively deal with the blockage” (J. Copley, personal communication, May,24, 2007)

Evaluation:

- All clinical educators provide comment in the students evaluations via the **E-SPEF**.
- Diligent and regular communication between educators regarding thoughts, observations and concerns pertaining to the student's performance is paramount.
- This model of placement allows for a more wholistic evaluation of the student's clinical and professional skill development. Sometimes there is convergence between clinical educators, whilst at other times, a student whose grade is perhaps falling in one aspect or context of service delivery, may have opportunity for redemption through observations of another clinical educator in a context where the student is performing more strongly.

Reference: J. Copley, Occupational Therapy Clinical Educator, multiple-mentoring placement model (personal communication, May, 24, 2007)

For more information about the multiple mentoring model, in addition to a wide range of OT practice education resources, visit our website at:
otpecq.group.uq.edu.au